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ABSTRACT

This report provides an overview of neighborhood-based family-support programs and describes the development of the family-support movement. It includes sections on the definition of neighborhood-based family-support programs, the principles and theories on which they are based, a discussion of the problems they are designed to address, a description of their program characteristics, a review of their historical antecedents, and a summary of the outcomes to be expected from the programs, which is based on available research. Part 2 of this monograph provides applications of the approach through descriptions of four programs that show the different ways in which the concepts behind the approach can be put into practice. These program descriptions are followed by discussions of three administrative issues that require special attention in relation to neighborhood-based family-support programs: recruitment and outreach, staffing issues, and linkages to government. The report concludes with a summary of key points and their implications for programs in Detroit, as well as a discussion of issues in the evaluation of neighborhood-based family-support programs. (Contains 70 references.) (GLR)

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Neighborhood-Based Family Support

Wayne State University
College of Urban, Labor and Metropolitan Affairs

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Neighborhood-Based Family Support

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May 1994

Wayne State University
College of Urban, Labor and Metropolitan Affairs

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Foreword and Acknowledgments

The Skillman Center for Children, created by a Skillman Foundation endowment to Wayne State University, serves as a central resource for information about best practices and model service delivery policies and programs for urban children and families.

The Skillman Center for Children is administered by the College of Urban, Labor and Metropolitan Affairs and is co-directed by the Center for Urban Studies and Merrill-Palmer Institute.

The mission of the Center is to support the work of existing agencies, citizen/parent groups, organizations and governmental units concerned with the needs of urban children and youth.

To implement this mission, the Skillman Center for Children:

- develops information and strategies that address contemporary issues facing urban children and their families;
- selects one critical problem or issue each year and conducts a national and international search for models or policies that promise effective solutions;
- prepares related reports on the status of children in the metropolitan Detroit area;
- disseminates study findings; and
- utilizes the resources of the University to ensure provision of the most comprehensive and highest quality services and products.

The issue selected for this year is neighborhood-based family support programs. The Center selected Dr. Susan Whitelaw Downs, associate professor in the School of Social Work, to be the Principal Investigator for this maiden project. Her charge was to investigate the theoretical frameworks and practices of various neighborhood-based family support programs across the country and to provide an assessment of the potential impact of these programs on improving the quality of life for urban children and their families. This monograph is the culmination of her efforts. It formally begins the efforts of the Skillman Center for Children in providing technical assistance and support to the communities interested in implementing such strategies.

Eli Saltz, PhD, director of Merrill-Palmer Institute and co-director of the Skillman Center for Children states:

> All of us associated with the Skillman Center for Children are very pleased and proud of our first "Best Practices" report. Susan Downs has done a remarkable job examining the various programs for "Neighborhood Based Family Services". We feel that she has provided the community with information that it can utilize. At the same time, she has produced a valuable scholarly piece. This is a wonderful beginning for the Center.

Charlene Firestone, MA, director of the Urban Families Program and codirector of the Skillman Center for Children states:

> The first report of the Skillman Center for Children is a wonderful resource in the field of family support and parent education. It provides stimulating new ideas and ways of thinking about these kinds of programs to practitioners, program developers and evaluators. With the help of faculty and community working together with the Center, Susan Downs has given us an impressive monograph on this topic.

In addition to the efforts of Dr. Downs in preparing this monograph, several others have been indispensable. We thank:

- **the Skillman Foundation for recognizing the need and believing in the capacity of Wayne State University to be of greater service in supporting the work of existing entities in meeting the needs of organizations serving urban children and their families;**

- **our Faculty Advisory Committee and Steering Committee for their help in selecting the best practice issue and in guiding us as we proceeded over the last year.**

- **Judith Waterman and Mary Mihovich for their assistance with research and editing tasks.**

- **Amy Lobsiger for the actual layout of the monograph and the innumerable tasks associated therewith.**

- **Dean Sue Marx Smock, of the College of Urban, Labor and Metropolitan Affairs, for the continuing support, encouragement and direction.**

With their assistance and support, we have produced a product which will be beneficial to both the service delivery community and the academic community as we together develop and support communities which value, support and encourage the full potential of all our children and families.

Ernestine Moore, MSW, JD
Managing Director

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Joe Young, Jr., Michigan House of Representatives

INTRODUCTION

This monograph, Best Practices in Neighborhood-based Family Support Programs, offers a review of the theory and practice of this emerging form of human service. It is intended primarily for program planners and administrators, and also for persons conducting applied research on or evaluations of these programs. The information contained in the monograph comes from a variety of sources, including program and research reports and scholarly articles on the history and theory of these programs.

The monograph is organized into two main parts. Part One: Overview of Neighborhood-based Family Support Programs, describes the development of the family support movement. It includes sections on the definition of neighborhood-based family support programs, the principles and theories on which they are based, a discussion of the problems they are designed to address, a description of their program characteristics, a review of their historical antecedents, and a summary of the outcomes to be expected from the programs, based on available research. Part One is intended to introduce the reader to the programs, and place them in their historical and theoretical contexts.

Part Two of the monograph presents applications of the approach in practice. Descriptions of four programs show different ways in which the concepts behind the approach can be put into practice. These programs were selected on the basis of their viability, their relevance to the Detroit area, and their diversity. The program descriptions are followed by discussions of three administrative issues that require special attention in relation to neighborhood-based family support programs: Recruitment and Outreach, Staffing Issues, and Linkages to Government. Part Two concludes with a summary of key points and their implications for programs in Detroit as well as a discussion of issues in evaluating neighborhood-based family support programs.

PART ONE:

OVERVIEW OF NEIGHBORHOOD-BASED FAMILY SUPPORT PROGRAMS

The term "neighborhood-based family support program" covers a wide array of services for families which are united by a common interest in offering supports to families in the communities where they live. These services share a philosophy that all families need help from time to time in maintaining a home environment that is comfortable and promotes the healthy development of all family members.

Neighborhood-based family support programs share two overarching goals:

- *to provide social support and opportunities to strengthen and enhance family functioning, and*
- *to build more cohesive communities that provide opportunities for personal growth, socialization, and recreation for family members.*

Recognizing that traditional supports for families, such as extended kinship networks and close-knit communities, may have become attenuated or disappeared altogether in present-day American cities, these programs attempt to recreate the benefits of these traditional forms of caring. The programs emphasize informality, friendliness, flexible and voluntary participation patterns, and opportunities for socialization with staff and other families.

They are based on the research and practice experience accrued over the past several decades concerning child development, child management, health and nutrition, recreation and leisure, and methods of positive family communication and interaction. They have been strongly influenced by the self-help movement and human service models emphasizing the empowerment of rather than the deficits of program participants. Thus, neighborhood-based family support programs combine the personal, supportive qualities of extended family or neighborhood social networks with sound information on child and family life in order to strengthen parents' abilities to provide the best possible home environments for their children and themselves.

Thus, neighborhood-based family support programs combine the personal, supportive qualities of extended family or neighborhood social networks with sound information on child and family life in order to strengthen parents' abilities to provide the best possible home environments for their children and themselves.

"Neighborhood-based" refers to service programs that are delivered to families in settings close to home. In addition to supporting families, these programs also have the goal of restoring or maintaining the neighborhood as a viable environment for children and families. They are not simply located in a neighborhood but are involved in it. Actively seeking advice from residents on the design and delivery of the services, they reflect and respond to their needs. They usually hire some staff from the local community. The programs may advocate for neighborhoods and help residents organize to address community issues. They form linkages with other services and associations in the community, such as social service agencies, schools, health care facilities, religious institutions, and advocacy groups and organizations, in order to address neighborhood-wide concerns and to help coordinate services to families. Neighborhood-based family support programs try to strengthen the social qualities of neighborhoods, to be responsive to ethnic and cultural issues of residents, to be accessible to families, and to contribute to the quality of neighborhood life.

There is no one model for neighborhood-based family support programs. They vary in many ways, including size, auspices, staffing, program components, and specific program objectives. Some programs, heirs to the settlement house tradition, offer a comprehensive array of services to families and to individual family members of all ages. They may host developmental, supportive, and therapeutic programs for families and individuals of all ages, and provide staff support for community and neighborhood groups. Other programs may target specific populations, such as families with young children, families with a member who has disabilities, and families at risk for abuse, neglect, or delinquency. Programs also vary in regard to structure, from drop-in centers to tightly structured programs requiring faithful attendance.

The ecological perspective draws our attention to the influence of the environment on human functioning and encourages us to look at the context in which people develop.

There are a wide variety of auspices and funding sources. Commonly, neighborhood-based family support programs combine funding from private foundations, community united funds, various levels of government, endowments, and user fees. Creative and patchwork funding is the norm and account for much of the instability associated with these programs. Some programs are free-standing, while others are affiliated with existing agencies, schools, health centers, or public housing organizations. A common element is that they seek the acceptance and "ownership" of community residents.

A. Principles

Adherence to several guiding principles has influenced the development of neighborhood-based family support programs and helps to define them, despite their widely disparate features:

- ***an ecological approach to delivering human services,***
- ***a helping philosophy emphasizing empowerment of families and neighborhood groups, and***
- ***a belief that many social and family problems can be prevented by early intervention.***

Ecological Approach to Service Delivery

The ecological perspective views human beings in interaction with their environments. This perspective borrows from the biological sciences, which attempt to understand the behavior and adaptations of organisms in relation to their ecological niches. The ecological perspective draws our attention to the influence of the environment on human functioning and encourages us to look at the context in which people develop. It considers individuals in dynamic interaction with family, friends, neighbors, school and work mates, and members of the same religious community, and in relation to larger cultural and economic forces. In this view, individuals have varying opportunities for and risks to development depending on the characteristics of their environments as well as their own inherent qualities. For example, children just entering school will have experiences there depending on qualities they possess and on conditions in the school (Garbarino 1986).

The ecological perspective emphasizes the importance of the child's most immediate environment, the family, to her or his development. Research is beginning to give evidence that the influence of the environment on the developing organism is much more complicated than had been previously supposed. It now seems clear that the family is the most powerful environmental influence on the developing child and profoundly affects the interactions the child has with other environments, such as schools and peer groups (Seitz 1990). Further, the mother

is not the only influence; the father is also an important factor in the child's development both through his own interactions with the child and through his relationship with the mother. If she feels supported, she is better able to respond to the child's needs. Likewise the mother's relationship with the father is an important factor in how well he can nurture the child (Bronfenbrenner 1987).

However, it is not enough to engage the parents in a process of change; it is also necessary to consider the environment in which the parents function. To a great extent, the ability of the parent to nurture a child effectively depends on the supports available in the larger community. Isolated parents have a harder time providing a nurturing, enriching environment for children than do parents who have a supportive network of neighbors, friends and families (Gaudin et al. 1990-91).

Neighborhoods and communities affect the ability of parents to raise children comfortably and effectively. Neighborhoods made dangerous by violence, environmental pollution, abandoned buildings, and inadequate municipal services inhibit the development of adults and children by reducing opportunities for exploration, family outings, social interaction with neighbors, and by greatly increasing the risks of disease or permanent injury. Family violence, addiction to chemicals, teenage pregnancy, and school drop-out rates are all increased as a function of negative neighborhood characteristics (Garbarino & Sherman 1980; Garbarino & Kostelny 1992; Figueira-McDonough 1992).

Neighborhood-based family support programs enrich the social environment of parents through a variety of programs, including home visits, group support activities, parent education programs, drop-in programs and other events which reduce isolation and strengthen the family's social network. When the programs are located in the neighborhood, they also have the opportunity to influence neighborhood conditions. Although they cannot by themselves cure the problems of deprived, inner-city neighborhoods, they can begin to make a difference (Weiss 1987).

The following example shows how a community program improved the neighborhood as an environment for families and children (Chappelle & Robinson 1993). The Family Resource Partnership, located in Tucson, Arizona, was created by the Tucson Urban League and the Tucson Community Foundation, to help residents in one community meet their goals for neighborhood improvement.

To a great extent, the ability of the parent to nurture a child effectively depends on the supports available in the larger community.

> The interviews found that a significant degree of isolation and mistrust exists within neighborhoods. People who didn't know their neighbors expressed longing for the "good old days" when families knew everyone on the block and could count on their neighbors for support. The Partnership families have tried to recreate that feeling of community through Family Nights. Once each month, on a Friday evening, families gather at the Family Resource Partnership Center to share food, play games, and make friends. Parents and children play together. New neighborhood families are invited to join in. The positive consequences of these gatherings are reflected in parents' comments. "I feel that my neighborhood is safer. My children know where the other Partnership families live and know they can go there if they are in trouble or if they need a safe place." These opportunities to relax are treasured. As one parent put it, "This is a time when we can come be together, and laugh. I can get away from my problems."

Empowering Families and Neighborhoods

The term "empowerment" refers to a process of personal development in which individuals become increasingly

aware of their strengths and abilities, build competency and self-esteem, and take steps to make positive changes in their family relationships and other immediate environments. Neighborhood-based family support programs use the concept of empowerment as a guiding philosophy for the way that services will be delivered and structured, and also as a desirable outcome for families participating in the programs. Through the process of helping parents identify their strengths and develop ways to build on those strengths, programs hope that parents will become more self-confident and better able to control the forces that influence their lives.

This mother makes the point that the classes do not assume that there is something wrong with the parent, but rather assume that it is natural and desirable that parents would want to learn more about parenting.

Programs with an empowerment perspective hold the fundamental idea that all persons have strengths but may need a supportive environment to unlock them. These programs differentiate themselves from deficit models of helping, in which the deficiencies of clients are first identified and then a treatment, therapy, or educational program is supplied to address the defined area of weakness in the client's functioning (Bronfenbrenner 1979). Empowerment models start by helping persons recognize the strengths and resources they already have. These models assume that persons can define their own needs and also devise strategies for overcoming problems. The professional gives up the power of the "expert" role and takes on a role defined by mutual respect, as a facilitator or consultant to help people find resources they need to function more effectively (Cochran 1993).

The empowerment perspective is exemplified in the following statement made by a mother in a parent education program. She stated that initially she expected a strict classroom setting in which everyone would sit and write down what the teacher said (Pettinari 1994):

> But it wasn't like that at all. They didn't make you feel like "we here because you're a problem family" etc. It was like you came and because you did come you can help others to learn and maybe you can pick up something and it didn't make you feel like we're here because you have difficulties, you're dysfunctional, whatever. It makes you feel like you might have problems and you might have obstacles to overcome, things you don't understand, but if you come and you're accepting to what is being discussed and know that there are other programs that they have to offer and you know that they're there, and you're not stupid or bad for being there. Now my friends want to come because it sounds like fun. They see the arts and crafts that they make. It's not the kind of program where they make you feel you're here because you're special so I like it because of that. If you are there because you're special it's because you're special in a good way, not you're weird.

This mother makes the point that the classes do not assume that there is something wrong with the parent, but rather assume that it is natural and desirable that parents would want to learn more about parenting. These classes also allow plenty of time for sharing and discussion among the parents, on the assumption that parents already have good ideas and that other parents can learn from them. Through the empowerment approach, the goal of the classes is that parents will develop confidence and skill in managing family life—in other words, that they will become "empowered."

Empowerment is also used as a principle for helping neighborhood residents organize to make positive changes in the neighborhood and in the organizations that are intended to serve them. The following example shows how the parents associated with a preschool for disadvantaged children have learned to assert their views on the policies and content of the preschool and to function as a support group for one another.

Escuelita Alegre preschool was established in a New Mexico neighborhood defined by drug dependency, racial tension, unemployment and violence. The preschool is supported by strong parent involvement, home visits, and parent group meetings . . .

From statistical tests it is evident that children at Escuelita Alegre are doing better than those at an academically similar program without parent involvement. Changes in parents are very obvious. At the beginning of the school year, most new parents are timid and passive. By the end of the school year, in parent meetings staff ask the parents for permission to speak. Parents have developed their own agendas, and initiate and carry out their own tasks. They create and circulate the project newsletter, and assume the critical role of decision making. Clearly these parents are working to gain access to those structures of power, influence and finance that are essential factors in getting anything accomplished in this modern world (Cochran 1993, abstracted from Chavez 1989).

Preventing Problems and Promoting Healthy Families

Neighborhood-based family support programs operate on the belief that it is possible to forestall serious problems from developing by timely, early intervention. They are oriented toward helping families develop skills and understanding to prevent problems from occurring rather than toward treating problems after they emerge. This early intervention approach is called "primary prevention." The rationale for intervening before problems occur is that it is cheaper, more humane, and also more effective to help families maintain or improve their level of functioning than to wait to offer help after families have started to experience the pain and turmoil of serious stressors to family life. Although research studies are scant on the long-term effects of primary prevention programs, the limited evidence to date suggests that supportive interventions with parents, especially with families in which the mother is pregnant and those with infants or preschoolers, can contribute to preventing such problems as child neglect and abuse (Wolfe 1993; Gaudin et al. 1991) and juvenile delinquency (Zigler, Tausig & Black 1992).

Family support programs are interested not only in preventing negative outcomes, but also in enhancing or "optimalizing" the quality of life for participants (Weissbourd & Kagan 1989). This optimalizing approach often combines program elements that promote the development of family members of varying ages. Developmentally-enriched preschool programs for children, recreational and tutorial programs for school aged children and adolescents, and adult education and other personal development programs for adults, can improve the quality of life for all family members.

Neighborhood-based family support programs share a belief in the principle that services should be universally available.

They should also be available to families at any point in the family developmental course.

Neighborhood-based family support programs share a belief in the principle that services should be universally available. Since it is impossible to know in advance which families may experience problems later on, these preventive, optimalizing services should be available to all. They should also be available to families at any point in the family developmental course. Young children and their families need a chance to get a good start developmentally, and families with older children often need help in maintaining positive family interaction while teenagers are in the developmental process of separating from home.

Family support programs are part of a larger array of preventive services to families that should be available in the community. They are a first line of defense, available on a voluntary basis to all families in the area. Families in crisis or with serious problems in functioning may need more intensive family preservation

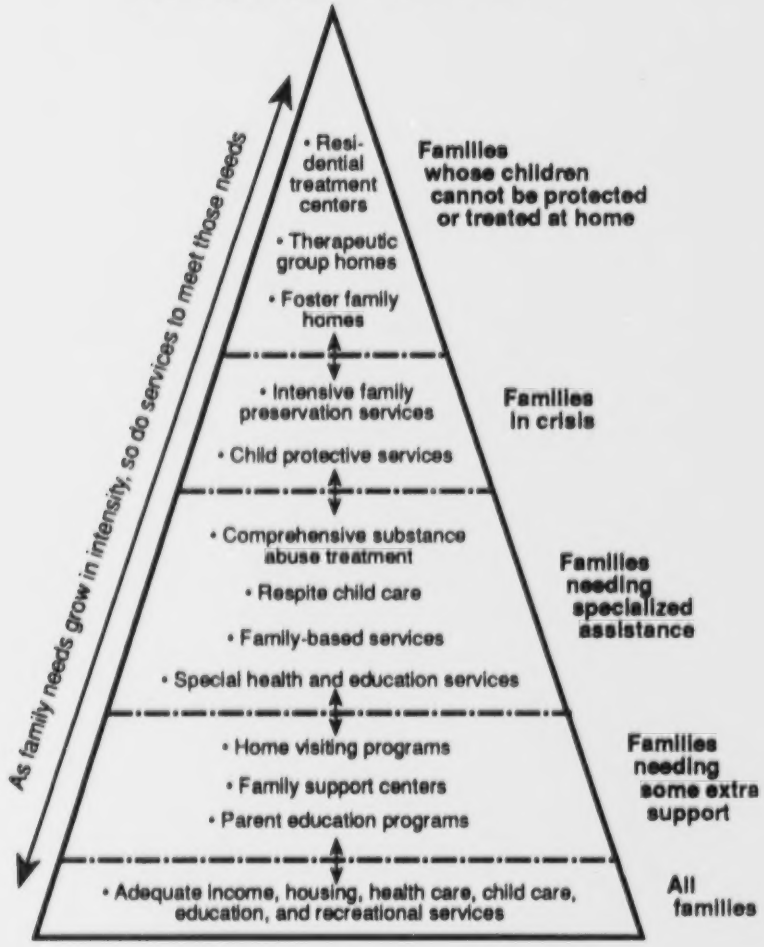
programs in order to keep the children from being placed in foster care. Though family support and intensive family preservation programs share some of the same principles and program approaches, they differ in that family support programs are voluntary, less intensive, and focused on enhancing development and preventing problems rather than treating families already in trouble (Family Support 1993).

Neighborhood-based family support programs can be linked with more intensive services for families in a number of ways.

Neighborhood-based family support programs can be linked with more intensive services for families in a number of ways. By making them available to all families, support programs can prevent serious problems from developing so families will not need more intensive services. They can also be used in tandem with more intensive services. For example, families receiving intensive family preservation services or those whose children are already in foster care may benefit from the normalizing experiences of participating in family support programs with families who are having less difficulty (Downs & Nahan 1987). Family support programs can provide step-down services for families who need follow-on support after having successfully completed intensive family preservation intervention (Family Support 1993).

The following figure, produced by the Children's Defense Fund, shows how family support programs fit into a comprehensive array of community services to support families and protect children:

Building a Pyramid of Services


As family needs grow in intensity, so do services to meet those needs
• Residential treatment centers
• Therapeutic group homes
• Foster family homes
Families whose children cannot be protected or treated at home
• Intensive family preservation services
• Child protective services
Families in crisis
• Comprehensive substance abuse treatment
• Respite child care
• Family-based services
• Special health and education services
Families needing specialized assistance
• Home visiting programs
• Family support centers
• Parent education programs
Families needing some extra support
• Adequate income, housing, health care, child care, education, and recreational services
All families

Source: "Family Support", *CDF Reports* 15 (December): 7.

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B. Need for a New Approach

Neighborhood-based family support programs are both old and new: old, because they have antecedents in the history of social services, education, and health and mental health services; new, because they are influenced strongly by current conditions of American life, new research findings on child and family development, and recent changes in funding patterns for social services to families. These programs look familiar to those who have worked for many years in the human services, but they have special features which need to be identified and understood. They have grown up independently in communities across the country, particularly during the 1980s, as local groups identified the need to offer more supports to families and help restore neighborhoods. A number of factors have influenced the development of the family support movement, including changes in American families, changes in government policy, and new knowledge on the importance of families to children's development.

Changing Conditions in American Family Life

The circumstances of family life are changing and in some respects are becoming more stressful, as families try to juggle child rearing, jobs, and participation in their community, often without the support of nearby family and friends which helped previous generations of families. More mothers are working than ever before, with over half of all mothers with children under six in the work force. In spite of the increase in maternal employment, the income of families with children has declined. Today about a fourth of all children are living in poverty. The teen birth rate is rising, and about two-thirds of the teenagers giving birth are not married. Many children have little access to regular, preventive, health care, and their mothers may not have received prenatal care.

Other indicators of the plight of some American families are the large number of women of child-bearing age who are current users of illegal drugs (4.5 million women); the 2.7 million children who are reported to be abused or neglected; and the 400,000 children in foster care. All of these conditions worsened during the 1980s. The reality behind these statistics is that many families engaged in the critically important work of bringing up children are in difficulty. They are not doing as well in raising their children as they would like to do and have the potential to do, and they could use some help (Allen, Brown & Finlay 1992).

Federal Funding for Family Programs Reduced

At the same time that the needs of families for support have increased, the federal role in providing such help has declined until the recent passage of the Family Support and Family Preservation Act of 1993. Unemployment insurance, food stamps, Medicaid, the Special Supplemental Food Program for Women, Infants, and Children, and Aid to Families with Dependent Children, the major federal programs to support families with children, are less than half as effective now in pulling families out of poverty as they were in 1979. This failure at the federal level has increased pressure on state and local governments and charitable organizations to offer more support for families (Allen, Brown & Finlay 1992).

Disillusionment with Great Society Social Welfare Policies

The 1960s and 1970s were a time of optimism about the ability of government to solve such social problems as poverty, crime, and school failure. Lyndon Johnson's War on Poverty to produce the "Great Society" was based on the view that government could combat social problems effectively. Unfortunately, with a few notable exceptions, such as Head Start, the social programs did not succeed in ameliorating the problems at which they were addressed (Bronfenbrenner 1987; Edelman & Radin 1991). In fact, changing economic and social conditions exacerbated these problems. Heavy spending coupled with an apparent deterioration of the social fabric led to disillusionment with government's ability to solve social problems. Reagan's election in 1980 initiated a period of cutbacks in federal spending for social programs.

The spontaneity of the movement in the early 1980s accounts for the great variety of forms, auspices, and staffing patterns of these programs.

Human Services Are Fragmented and Overly Bureaucratic

Problems, as they are experienced by families, are often not well matched to the services provided by social services, particularly those in the public sector available to poor families. Inflexible eligibility requirements leave out some families who desperately need the help. Application procedures can be demeaning and intrusive and require extensive transportation and long waits in crowded waiting rooms with fussy children. Families may feel they are getting the runaround as they are referred to various services but do not receive help with their problems. Gaps in services may render ineffective the help that is available. For example, help with job finding will not be beneficial to a young mother unless day care is also available. Families with multiple needs may find themselves dealing with several different helping professionals whose work is not coordinated and who may be making conflicting demands on the family. A major gap has been in services offered to families on a voluntary basis to help them address problems that they themselves have identified. At best, large service bureaucracies are not well matched in scale to deal responsively and sensitively to the needs of families, and the frustration and feelings of impotency which working with them may evoke, can leave families more vulnerable and disorganized than when they first started to seek help (Bruner 1991).

The Community Response

Given the increasing needs of families and the absence or inadequacy of the social safety net, groups, communities, and local efforts were thrown back on themselves to respond to the needs of families. The result has been a real grass roots movement; family support programs have emerged all over the country, in cities and in rural areas, and among many different ethnic groups and socioeconomic levels. Although they share some generic characteristics, they each are shaped by the local forces that first brought them into being and continue to support them. The spontaneity of the movement in the early 1980s accounts for the great variety of forms, auspices, and staffing patterns of these programs.

C. Program Characteristics

Neighborhood-based family support programs attempt to create some connections in the impoverished social environments in which some families live, thus helping parents to create a positive home environment for their children and themselves. The programs are accessible, welcoming, and informal. They offer supportive services on-site and help connect families with other services they may need. The referral process is personal,

based on a thorough understanding of the family's needs and on good working alliances with staff of other community resources. Staff are especially attentive to establishing the trust between families and themselves that is the necessary precondition of forming strong helping relationships.

Professional roles involve consultation with families and groups, development of paraprofessional staff, community outreach, and building strong linkages with funding sources, other community agencies, and various levels of government which have an impact on the neighborhood and its residents. The approach builds on family strengths, on the premise that most parents want to do well by their children and will use opportunities to develop parenting skills, and that parents would like to be productive, self-supporting members of their communities. The staff's role is to help families define and meet their own goals for development.

The approach takes the family as it finds it and as it defines itself. It may include grandparents, significant friends and other relatives as well as parents and children. The needs of adults for developmental opportunities and social enrichment are considered as important as enhancing the development of the children, because it is only possible to make a lasting difference in children's school performance and ability to become productive members of society if the family atmosphere and developmental needs of parents are also addressed.

A recent publication from the Children's Defense Fund compares the approach of family support programs with that of traditional services, in the chart reproduced below:

The approach builds on family strengths, on the premise that most parents want to do well by their children and will use opportunities to develop parenting skills, and that parents would like to be productive, self-supporting members of their communities.

How Family Support Differs from Traditional Services

Family Support Services	Traditional Services
Help to prevent crises by meeting needs early	Intervene after crises occur and needs intensify
Offer help meeting basic needs, special services, and referrals	Offer only specific services or treatments
Respond flexibly to family and community needs	Program and funding source dictate services
Focus on families	Focus on individuals
Build on family strengths	Emphasize family deficits
Reach out to families	Have strict eligibility requirements
Often offer drop-in services	Have rigid office hours
Respond quickly to needs	Often have waiting lists
Offer services in family's home or in home-like centers	Services are office-based

Source: Allen, MaryLee, Patricia Brown and Belva Finlay. *Helping Children by Strengthening Families: A Look at Family Support Programs.* (Washington, D.C.: Children's Defense Fund, 1992), 6.

In summary, neighborhood-based family support programs are intended to be "family-friendly" human service agencies, organizing services around families' needs rather than making families segment themselves and otherwise adapt to use what is available. The services are accessible, non-authoritarian, non-bureaucratic, relevant to the family's needs and condition, and offer parents a chance to build on their strengths to develop more positive family relationships and stronger neighborhood support networks.

Settlement houses were among the first social service programs to recognize that the neighborhood influenced the way families functioned in raising their children and developed methods of intervention at the neighborhood level.

D. Historical Antecedents

Neighborhood-based family support programs have a number of historical antecedents including: the settlement house movement of the turn of the century, Head Start, the self-help movement, and parent education programs. Together, these antecedent programs have contributed to program features common to neighborhood-based family support programs, including an emphasis on making the community more conducive to supporting families in child-rearing, parent education to help families better support their children's development, and advocacy services to link families with other needed resources and services.

Settlement Houses

Settlement houses were founded at the turn of the century to address an emerging problem, the dislocation and lack of support felt by families who had recently immigrated to U.S. cities from their rural homes in America or Europe. These families lacked the extended family and neighborly supports that had been available to guide and assist in family life in their previous communities. Many recent immigrants felt alienated, isolated, and powerless to cope with the difficult and confusing conditions of urban life. Settlement houses were a type of social service organization designed specifically to ameliorate conditions of these poor urban families.

A major function of the settlement houses was to advocate for better living conditions for poor urban slum dwellers, through political activities at the city, state, and federal levels. Mother's pensions, health services for woman and children, child labor protection, public education, juvenile courts, and other reform initiatives benefited from the leadership and advocacy of settlement house leaders. At a more local level, settlement house workers were effective in advocating for better street lighting, garbage pick-up, and police protection to improve the immediate environment of residents. Settlement houses offered a range of programs to help children, adults and families adapt to their new life situation and to create a sense of community and mutual support among residents who felt uprooted from their previous support networks.

The settlement house model has contributed substantially to the development of neighborhood-based family support programs. Settlement houses were among the first social service programs to recognize that the neighborhood influenced the way families functioned in raising their children and developed methods of intervention at the neighborhood level. Settlement houses were also a model for organizing and delivering services to all members of a community, not targeting services only to those previously identified as needing special help. In this way, they pioneered in putting into action the theoretical rationale of preventive services, that all families need external supports from time to time, and that offering these services to families on a voluntary basis may preclude the need for more serious interventions later (Husock 1992).

Head Start

Head Start, a part of the War on Poverty of the 1960s, was founded on the idea that advances in civil rights in opening up educational and economic opportunities for those who had been discriminated against needed to be matched with efforts to help children develop their potential so that they could take advantage of these opportunities. In the 1960s, the focus of Head Start was on the child, providing a rich environment to make up for the deprivations thought to exist in the home. Gradually, the notion that parent education was a necessary adjunct to child development programs led to the establishment of the Parent-Child Development Centers of the 1970s. Other programs also emerged which targeted services to parents as well as their preschool children including the Child and Family Resource Programs and Home Start, both linked to Head Start. These programs pioneered in working out ways to offer services to families rather than only to the children, and began to identify themselves as "family support" programs (Weiss & Halpern 1991).

Self-Help Movement

While the federal government was at work modifying and expanding the Head Start model, people began to form associations focused on a particular problem or life issue, such as having a severely mentally retarded or mentally ill family member at home or personal problems such as divorce. These associations tended to exclude professionals, relying instead on the support and advice of one another to help members of the group cope with difficult life situations. The self-help movement provided a model of programs which could grow locally, on shoe-string budgets and without government involvement, relying on the interest and capability of local citizens. These groups had an "empowerment" orientation, looking to themselves for the answers to their problems rather than to professionals, and turning their attention to advocating with government and other larger systems for policy changes to ameliorate their situations as well as learning how to adapt at an individual and family level (Weissbourd 1987).

Parent Education

Through the early 1960s, parent education programs served the middle class almost exclusively. They offered an early model of a preventive, voluntary program for families who may not be experiencing great difficulty in child rearing but wish to parent more competently and perhaps with less anxiety. Research on these programs in the 1970s and early 1980s pointed to modest but measurable program effects on children's development, parental competency, and parental attitude (Powell 1986). Adapting parent education approaches to make them effective with working class, rural, and minority families has been a major thrust of the family support movement.

Adapting parent education approaches to make them effective with working class, rural, and minority families has been a major thrust of the family support movement.

Summary

These earlier forms of service delivery—settlement houses, Head Start, the self-help movement, and parent education programs—were available as models for grass roots organizations who began to create new services for families in the 1980s. The legacies of these antecedent programs to the neighborhood-based family support movement include the knowledge that:

- preventive and "optimalizing" services can be delivered at the local level;
- people who have not had the opportunity to exercise power on their own behalf or that of their neighbors can be mobilized as change agents in their own families and communities; and

- people can learn new ways of interacting with their children and supporting their development that can make a difference in how parents feel about their children and in their children's growth and achievements.

E. Expected Outcomes

The development of this area of practice has not been guided or informed to any great extent by results of evaluations.

Funding for program evaluation lagged behind the development of programs during the 1970s and 1980s, so evidence of program effectiveness based on rigorous research methods is scarce (Powell 1993). Another barrier to research is the complexity and diversity of programs, which pose challenges to traditional evaluation methodology. This point will be discussed in more detail in the third part of this monograph. The development of this area of practice has not been guided or informed to any great extent by results of evaluations. However, in spite of these difficulties, some empirically-based information is beginning to emerge. Various well-established programs have received fairly rigorous evaluations. **Because there is so much variation in programs and in characteristics of participants, it is important to remember that findings of positive effects are related to the specific parameters of the program evaluated and may not be generalizable to other programs.** The findings presented here show what can be achieved, though not every program type is likely to achieve them. Information on the relationship of program characteristics to outcome will be presented in the second part of the monograph in the section entitled "Critical Elements."

Changes in Parents

Parents who have needed and received social support in their program can be expected to benefit in a number of ways. Parents are seen to "soften" appreciably in their interactions with their children. They are more relaxed, seem to enjoy their children more, and speak of them more positively. They make more sensitive responses to their children. These results have been observed in different types of families, including those at risk for child maltreatment and low-income families (Tracy & Whitaker 1987; Powell 1986; Olds et al. 1986). Parents are also seen to improve their parenting skills, knowledge of child development, and understanding of the parental role (Cooke 1992).

Social support programs can benefit the parents themselves by alleviating stress and increasing their self-esteem. Social support interventions can expand participants' social networks, increase their social skills and confidence in dealing with social situations, and broaden their experiences (Talleen, Herzog & Kilbane 1989).

Changes in Children

Studies of parent education and family support programs have found effects on children. IQ has been found to increase apparently as a result of parent participation (Powell 1987). Infants may become more responsive, and older children may become better prepared to start school (Powell 1987; Larner, Halpern & Harkavy 1992). School aged children may have fewer problems with aggression, impulsivity, and acting out (Seitz 1990).

Programs for Specific Populations

A quasi-experimental design studied the effects of the Effective Black Parenting Curriculum on two cohorts of inner-city African-American families with primary grade children. The participants were mainly young, single mothers, most of whom were receiving public assistance. The study found improvements in pa-

rental rejection of the child, in the quality of family relationships, and in child behavior outcomes. These gains were maintained in a one year follow-up (Meyers et al. 1992).

A recent outcome evaluation completed on Avance, a parent education and family support program for Mexican-American families with preschool aged children, found that the mothers showed reductions in stress, increases in social skills, and improved parenting skills. However, gains in the children's development, in comparison to those who did not receive the program, were not found, suggesting that additional attention needed to be given to the children through direct program intervention (Johnson & Walker 1991).

Teenaged parents are of concern because their children are at increased risk for various developmental difficulties, school failure, juvenile delinquency, and other maladaptive social behavior (Furstenberg, Brooks-Gunn & Chase-Lanscale 1989). Programs for teenaged mothers which include a parent education component have found that the intervention can improve the development of infants and the mothers' knowledge of parenting and child development (Clewell, Brooks-Gunn & Benasich 1989).

In summary, there is enough evidence from research to conclude that family support programs can have a positive impact on parents, children, and on the quality of family life. Guidance from research on specific program design issues will be presented later in the monograph.

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PART TWO:

APPLICATIONS OF CONCEPTS TO PROGRAM DESIGN

The field of family support has grown enormously in a very short time. There has been substantial growth in the number of programs overall, in the size and strength of individual programs, and in the number that are now linked to stable sources of funding at various levels of government. With their diversity and dynamic growth, they defy easy categorization (Weissbourd, Carter & Pooley 1992). From the large number of excellent programs and program ideas, several have been selected as models of "best practices." They are presented in the following section. The program examples are followed by a discussion of Administrative Issues, which draws on the experiences of a large number of programs. Taken together, the material in Part Two, "Application of Concepts to Program Design," is intended to familiarize the reader with current developments in the field and to identify innovative and successful program ideas.

A. Four Program Examples

Four different neighborhood-based family support programs are described below. They are presented here as an aid to program planners and administrators who are interested in what has been done in this field. Specifically, the examples will:

- show neighborhood-based family support programs "in action." They give a holistic view of the neighborhoods, families, services, staff, and evaluation efforts. Since each program has been molded by its neighborhood environment, it is important to show each program in its context.
- offer innovative and successful program ideas, which may be useful to others planning such programs.
- show the diversity of programs which attempt to support families in a neighborhood setting.
- provide a basis for identifying common program features. These will be discussed after the four programs have been described.

Sources of Information

The number of neighborhood-based family support programs is increasing rapidly. As new programs are being established and old ones are evolving in light of changing conditions or the lessons of experience, evaluations have had difficulty keeping up with new developments (Weissbourd & Kagan 1989). Few outcome evaluations have been attempted, and some that have been limited by inadequate methodologies or confounded by programs that defied standard evaluation designs (Unger & Nelson 1990). With these dynamic conditions, the best available sources of information are program reports, case studies, process evaluations, and other data which provide the considered opinions of skilled and knowledgeable program observers. Therefore, the program analyses which follow are based on these data sources, using outcome evaluation data where it is available.

With these dynamic conditions, the best available sources of information are program reports, case studies, process evaluations, and other data which provide the considered opinions of skilled and knowledgeable program observers.

The criteria for selecting the examples were that the program:

- serve neighborhoods with populations similar to those found in metropolitan Detroit;

- be involved with the local community;
- have an established track record; and
- have an innovative program.

Selection Criteria

The main criterion for selecting program models was that they serve urban, low-income communities with diverse ethnic and cultural populations, as the mission of the Skillman Center for Children focuses on urban children and their families and as urban areas in metropolitan Detroit are largely poor with significant African American, Mexican American, and other minority ethnic groups. A universal conclusion of observers of these programs is that they must adapt and be responsive to the conditions of specific communities and populations, making it all the more important to identify programs that appeared promising in communities resembling low-income areas in metropolitan Detroit. Two of the programs selected, the Beethoven Project and Project Match, serve low-income, urban neighborhoods which have a majority population of African Americans. One program, Avance, serves primarily Mexican-Americans in an urban environment. The fourth program, The Center for Family Life, is part of a culturally and ethnically diverse community, including Puerto Rican, Asian, white, and African-American groups.

A universal conclusion of observers of these programs is that they must adapt and be responsive to the conditions of specific communities and populations, making it all the more important to identify programs that appeared promising in communities resembling low-income areas in metropolitan Detroit.

It was also important to select programs that were neighborhood based. This means that they were not simply located in a neighborhood, but that they were involved in the neighborhood in various ways, receiving information and guidance from the community as well as providing services to it, and maintaining communication with local agencies and neighborhood groups. This requirement tended to eliminate programs which were mainly parent education models, using a standard format though delivering the service in neighborhood locations.

Each of the programs has an established track record. One, Avance, has received a comprehensive outcome evaluation. Two others, the Center for Family Life and the Beethoven Project, have received funding from the Annie E. Casey Foundation to undertake major evaluations. The fourth, Project Match, is affiliated with a major university and is receiving ongoing evaluation.

A final criterion was that the programs be innovative and different from one another, in order to offer a range of examples and to show the diversity of neighborhood-based programs. The programs selected as offering useful examples of how neighborhood-based family support programs can work are:

- **The Center For Family Life in Sunset Park, Brooklyn, New York - a comprehensive program in a working class community;**
- **The Beethoven Project, Robert Taylor Homes, Chicago, Illinois - a multi-service program for families with young children in a challenging environment;**
- **Project Match, Chicago, Illinois - a project emphasizing adult development in a community framework; and**
- **Avance, San Antonio, Texas - a highly structured program for young families in several Mexican-American communities.**

Each of these programs has been in existence long enough to become established in their neighborhood and to adapt the original program plan as needed. They are well regarded by staff, participants, and the communities in which they reside. All have learned lessons that will be valuable to other programs which wish to offer comprehensive, family-focused, supportive programs in low-income, ur-

ban communities. They have received national attention as exemplars of neighborhood-based family support programs in low-income, urban neighborhoods with high levels of minority and immigrant populations.

Format of Project Descriptions

The programs are described using the following outline:

- **Neighborhoods and Families.** A brief description of the community, neighborhood or housing project in which the program is located.
- **Goals and Assumptions.** The underlying philosophy on which the program is based and the goals of the program.
- **Staff.** Characteristics of staff, roles, training and staff development, issues with local residents as staff.
- **Program Components.** A brief description of the services offered by the program.
- **Community Relationships.** How the program relates to and interacts with the community.
- **Evaluation.** A summary of evaluations of the program, including retrospective analyses, process and outcome evaluations. Also included in this section are any plans to make changes in program services.
- **Comment.** A brief assessment of what seems to make the program work, and issues in adapting the program to other settings.

Following the four program descriptions, a concluding section will identify and discuss the major implications for other programs of the experiences of these four exemplary programs.

1. The Center for Family Life in Sunset Part, Brooklyn, New York

The Center for Family Life, established in 1978, offers a comprehensive array of services to families in Sunset Park, a low-income, working class neighborhood in Brooklyn. The Center is open seven days a week, from 8 a.m. to 11 p.m., and is directed by two dedicated members of the order of the Sisters of the Good Shepherd, who live on the premises. It is well-known in New York and nationally as a model of a comprehensive program for families with strong linkages to the local community (Sheffer 1992). The Center's budget for the 1992-93 fiscal year was $1.8 million with funding from various federal and local government sources. In addition, the Center receives free administrative support from its parent agency, St. Christopher-Ottilie. The Center's program shows how a comprehensive program can work in a low-income, "at risk" community.

The programs are described using the following outline:

- **Neighborhoods and Families**
- **Goals and Assumptions**
- **Staff**
- **Program Components**
- **Community Relationships**
- **Evaluation**
- **Comment**

Neighborhood and Families

Sunset Park has been traditionally a working class neighborhood housing immigrants, originally from Ireland and southern Europe, and more recently from Puerto Rico, Palestine, Asia, and South and Central America. In 1991, the population of Sunset Park was about 100,000, a four percent increase from 1980.

When the program started in 1978, the neighborhood was undergoing a process of "disinvestment," losing population, and facing increases in abandoned buildings, gang activity, street crime, and illegal drug use. The predominant population group, recent immigrants from Puerto Rico, tended to be workers in low-skill jobs which were disappearing from the New York City economy. About 40% of these immigrants were unemployed. About a quarter of the residents were on public assistance, and nearly 30% fell below the poverty level. Over a quarter of the families were headed by a single mother.

However, the neighborhood also had signs of vitality. A large hospital had recently relocated to the area, offering

employment and also a health program for low-income families. The hospital was instrumental in establishing the Sunset Park Redevelopment Committee, which has tried to stem abandonment of housing and neighborhood decay. Various neighborhood and Hispanic organizations and local churches were evidence of the interest in community of residents. The Sisters who started the Center saw the area as "a threatened community, and one with major needs, but also as a neighborhood with a history of working-class stability" (Sheffer 1992).

The organizing principles of the Center are that the individual must be understood in an environmental context, that the unit for service is the family, and that the Center must interact and form linkages with the whole community.

Goals And Assumptions

The organizing principles of the Center are that the individual must be understood in an environmental context, that the unit for service is the family, and that the Center must interact and form linkages with the whole community. The atmosphere is very much in the settlement house tradition, as the Center is a fulcrum for community activity of all kinds, and provides a common ground for staff and participants of various backgrounds and economic levels to meet.

With these principles, the Center has taken the unusual stand not to accept funding directed at specific populations. For example, they do not run programs in "substance abuse prevention" because they believe that all their programs work to reduce substance abuse along with other negative outcomes, and they do not wish to channel their programs to specific population groups. The Center is also somewhat unusual among family resource programs in the emphasis it gives to counseling and psychotherapy as important services for families. Many programs serving low-income families focus mainly or exclusively on concrete assistance for day-to-day problems, but the Center takes the view that both counseling and concrete services need to be readily available and places equal emphasis on both. The Center is also committed to a service delivery system at the neighborhood level, believing that service organizations geared to serve a community are more effective and efficient than large bureaucracies that operate city-wide (McMahon, Mary Geraldine & Mary Paul 1993).

Staff

The co-directors of the Center are professional social workers with extensive clinical and program experience. They are members of the Order of The Sisters of the Good Shepherd and live on site. Other staff include 24 full-time and one half-time social workers (MSWs), and seven full-time social workers and counselors with bachelor's degrees and many years of experience. Of these, 12 are bilingual in English and Spanish, and one is bilingual in English and Chinese. A bilingual (English-Spanish) psychiatrist and psychologist are consultants. The full-time staff of 52 includes 28 white, 21 Hispanic, two black and one Asian persons. The total part-time staff of 47 includes 38 persons of Hispanic origin. The Center also has a large number of volunteers, including many parents, and youth volunteers from the community. Other volunteers come from area colleges and the City's volunteer corps.

Services

The Center offers a wide array of services to families and individual family members. These include counseling, and educational programs for families, housing and emergency assistance, referrals for day care, a large employment program, well-developed and stable after school and summer programs for children and youth, and a small, neighborhood-based foster care program (McMahon, Mary Geraldine & Mary Paul 1993).

The counseling and education program is well-developed, consisting of individual and group programs for parents, infants and toddlers, and adolescents. Parent education is offered in single session and series formats. A number of developmental programs are available for infants and preschool age children, including parent-child play groups where parents can practice interaction skills and learn new ways of promoting their children's development.

Counseling occurs at the Center or in the family's home, on evenings and weekends as well as weekdays. Referrals come from the schools, the public child welfare agency, and word-of-mouth. Sister Mary Paul does most of the intakes herself, and then assigns the case to a social worker who handles interpersonal issues as well as concrete services the family may need, such as advocacy in a dispute with the landlord.

Families seek help for a number of reasons, including abuse and neglect, mental health problems, and drug abuse. The range of problems which bring families to the Center is suggested by the following sampling of replies to a question about their reasons for coming (Sheffer 1992):

> Because when my husband went to pick me up from work, two of my children went to the store to buy something and stole something too. The owner called the police. For this reason I went to the center.
>
> For help with how to raise my child in a house with a new stepfather.
>
> I didn't know what to do. I was desperate. I was reported the CWA (the Child Welfare Administration) and was ordered by it to go to counseling.
>
> I had problems disciplining my adolescent son.

Concrete services include help with housing, emergency food and clothing, advocacy on behalf of residents with landlords, the immigration service, welfare, and other bureaucracies, and referrals to day care providers. A key feature of this aspect of the Center's work is its highly personal and individualized nature. For example, Sister Mary Paul's extensive knowledge of city bureaucracies makes her an effective advocate for residents needing flexibility in how policies are administered. Another example of individualized assistance tailored to specific family situations is the Center's $20,000 revolving fund which is available to community residents needing security deposits, furniture, or rent supplements. The loans are made to families whom the Center staff knows will repay them, so the fund is not depleted.

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The Center has a contract with the Department of Employment to provide employment counseling. This program maintains an extensive network with prospective employers, primarily in manufacturing, wholesale distribution, and social service and child care agencies. During the last two years, the Center has made over 400 placements, about half of which are in the Sunset Park area; almost all are above the minimum wage. The participants are mainly Hispanic, with limited reading skills. About half have a high-school diploma. The focus of the program is not on training for specific job skills, but on helping participants resolve personal and family issues that interfere with working and to help them make the transition to the world of work. Participants receive considerable individualized attention and extensive follow-up.

The Center runs extensive after-school and teen recreation programs at three elementary schools and one junior high school. This program has the goals of providing a safe place for children to be

after school while their parents work, and of offering supplementary, developmental opportunities for children outside their normal school experiences. Program elements include efforts to involve parents in helping their children do homework, group activities, art, music and theater activities, newsletters, and youth leadership programs. The success of these programs has depended on staff forming close working alliances with the principals of the school and the school bureaucracy, a task which requires ongoing effort. Close alliances of staff with school social workers and guidance personnel has helped the program provide individualized assistance to children with special needs.

The Center has a small, innovative foster care program, in which children needing out of home care are placed with foster families in the neighborhood.

With funding from the Department of Youth Services and private money, the Center has a number of programs for youth, including day camps, teen camps, and Camp Liberty, which provides summer activities to disadvantaged youth to prepare them for entry into a university. It has city funding to run a summer youth employment program, through which older youth work as counselors in the Center's summer programs for children. Over 400 youth were served in this program during the last year.

The Center has a small, innovative foster care program, in which children needing out of home care are placed with foster families in the neighborhood. This is a major departure from standard child welfare practice, in which the parents have little or no contact with the foster family and may not even know where the family lives. The rationale for the Center's program is that children should not suffer the disruption and grief which comes from total separation from their families, school, and friends, and that families will be more quickly reunited if the parents are in close contact with the child. Therefore, in the Center's program, parents and foster parents are helped to form a working relationship in which the parent retains some parental functions, such as walking the child to school, while working with Center counseling staff to address problems at home.

Community Linkages

The Center benefits from having a large, stable, parent agency, St. Christopher-Ottilie, which provides some financial support and does critical administrative functions, such as disbursements, billing, purchasing, auditing, and so forth. The Center does not have its own board of directors, but works with an advisory board, made up of members of the community, heads of local social service agencies, and other organizations which have collaborative relationships with the Center. The Center helped organize and participates in a Community Human Services Cabinet, which holds monthly meetings of neighborhood service providers. The meetings help to identify community problems and to strengthen linkages for referrals and other networking activities.

The directors of the Center are careful about expansion. They think it is possible for the Center to get too large for them to keep close control over the content and funding of programs. They do not take up every opportunity for growth. For example, they have refused to become direct providers of day care or of specialized mental health services, and, in contrast to some other social agencies, do not restore and maintain housing. In these areas, they prefer to work with providers to develop resources for families. On the other hand, the center has expanded quickly and widely in the area of arts and recreation, capitalizing on resources to enrich their programs.

Evaluation

The program has received no formal outcome evaluation, though an extensive evaluation, funded by the Annie E. Casey

Foundation, is now in progress. With diffuse goals, voluntary attendance patterns, and constantly evolving programs, the program has not provided conditions conducive to an experimental or quasi-experimental evaluation design.

Sheffer (1992) recently completed a study on how the community perceives The Center for Family Life. She points out that the Center has been a unifying force in a community somewhat factionalized by ethnic and organizational rivalries. The Center's programs have helped to assimilate new immigrant groups, such as the Asians, into the existing social structure. Residents whom Sheffer interviewed were unanimous in praising the Center; they pointed out particularly the way that the program filled gaps by serving entire families, and the extensive after school and youth programs. Sister Mary Paul and Sister Geraldine are widely respected for their commitment to the community, political skills, administrative ability, and general effectiveness.

Administrators of other agencies and public bureaucracies also were unanimous in endorsing the Center. They noted its easy accessibility combined with a high level of professionalism in following through on referrals. The commissioner of the city's Human Resources Administration has written: "The Center for Family Life personifies the goals of Mayor Dinkins' neighborhood-based services strategy, and if I could have one wish granted it would be to clone your center in neighborhoods throughout the city" (65).

Sister Mary Paul and Sister Geraldine believe that "long-range, developmental preventive services in a community, combined with many different kinds of informal practical assistance, are the best prescription for the long-term health of the community. Their resistance to 'categorical' funding and specialized programs is explained also by their skepticism about the effectiveness of such efforts in the absence of a community process" (Sheffer 1992, 66).

Comment

Can the program be replicated? Replication has not yet been attempted. It seems likely that two prerequisites to successful replication would be:

- the quality of the leadership, and
- the characteristics of the neighborhood.

The co-directors have a rare combination of talents and life dedication that needs to be considered in any replication effort. Regarding the neighborhood, it should be noted that Sunset Park was a congested, transient area with few resources, but where the people valued community life and had a sense of neighborliness. Some minimum level of neighborhood cohesiveness may be a necessary precondition for such a program to flourish. Although it seems unlikely that the model could be replicated exactly, the Center's experiences give guidance on establishing or strengthening comprehensive family service programs that are highly integrated into the fabric of neighborhood life.

Sister Mary Paul and Sister Geraldine believe that "long-range, developmental preventive services in a community, combined with many different kinds of informal practical assistance, are the best prescription for the long-term health of the community. Their resistance to 'categorical' funding and specialized programs is explained also by their skepticism about the effectiveness of such efforts in the absence of a community process" (Sheffer 1992, 66).

2. The Beethoven Project

The Center for Successful Child Development began in 1986, to demonstrate that intensive, high-quality family and health supports offered to families living in a very deprived community setting, could help them better prepare their young children to enter grade school ready to learn and at a developmentally appropriate level. Founded by the Ounce of Prevention Fund, in a joint effort with the Chicago Urban League, the project is funded by the Ounce of Prevention and by the U.S. Department of Health and Human Services. It is located in the Robert Taylor Homes, a public housing

project in Chicago notorious for crime, drug abuse, and social decay. The original plan was that the project, after five years, would have successfully helped families prepare a cohort of children to enter kindergarten at the local public school. The school, the Beethoven Public School, gave the program its nickname, the Beethoven Project. The project planners expected to face many difficulties in helping families create and maintain a home environment conducive to children's development, but the challenges turned out to be much greater even than expected. The original goal of having a cohort of children ready for kindergarten after receiving several years of family support and child development services has had to be modified. The experiences of this project shed light on the obstacles and also the successful strategies in establishing a neighborhood-based family support program in a hostile environment (Beethoven's Fifth 1993).

The project planners expected to face many difficulties in helping families create and maintain a home environment conducive to children's development, but the challenges turned out to be much greater even than expected.

Neighborhood and Families

The Robert Taylor Homes, located several miles south of Chicago's city center, extend about two miles along a major expressway. The twenty-eight high rise buildings were completed in 1962, and today house about 13,000 people, almost all of them African-American. Built originally to provide decent housing to low-income families, the buildings are now decaying rapidly. Crime and violence are rampant. Occupancy fluctuates, as people move frequently both within the project and to and from other areas. The local police district had the highest overall crime rate in Chicago in 1990, ranking highest for murder, criminal sexual assault, robbery, and aggravated assault.

Family income averages less than $5,000. Almost all of the families receive public assistance; 75 percent of the families are female-headed. The children are often behind in their development. Many start first grade without immunizations and with untreated health problems. The drop-out rate in the nearby high school is about 60 percent.

In spite of these substantial problems, families here, as elsewhere, wish to care for their children and help them succeed. Fathers as well as mothers are concerned about their children and involved in their day to day care.

The Beethoven Project, after two years negotiating for space, occupies the entire second floor of one of the six buildings included in the project. Locating the program in the housing project has created difficulty, in that enormous effort had to be expended early on to secure the premises and provide support to staff trying to work in a very hazardous environment. However, its location is convenient for parents and their young children, and makes visible the program's intent to be part of the community and its commitment to stay when so many other programs have left.

Goals and Assumptions

The goals of the program are to provide developmental services to children from the earliest possible moment so that they will be prepared to enter preschool and kindergarten; to improve family interactions through helping parents learn about their children and ways to promote their development, and by helping parents develop as parents and as adults; and to promote health in women and children by providing health care and health education (Beethoven's Fifth, 2).

Staff

An important element in the original plan was to hire community residents to staff the program, in order to build expertise and leadership within the projects and to provide employment to residents. In hiring staff, the program looked for

people with warmth, concern for others in the community, and an ability to relay information and provide support to families. Lay staff have helped the program gain trust and credibility in the community, and have provided valuable insights and information to the program about the community. Also, they become aware of dangerous situations and alert other staff of them. About half the staff are community residents; many began as program participants.

The hiring of lay staff to do outreach and jobs also presented challenges. For many community residents, the program was their first work experience. They needed intensive and continuous training in such areas as child development, social service delivery, record-keeping, and basic socialization to the world of work. They have also needed support in separating their work lives from their personal lives, a task made more complicated because they are relatives and neighbors of the people they serve.

Program Components

After a longer-than-anticipated start-up period and some modifications of original plans, the Beethoven Project now has four major program components: Home Visiting Services, the Family Enrichment Center, the Primary Care Health Center, and full-day Child Care for children age three months to five years.

Home visiting begins with intake. As soon as a family becomes known to the program, an intake worker meets with them to discuss their interests and needs. Part of the initial assessment is an appointment at the health center for both parent and children. Then they are assigned to a Parent-Child Advocate, a lay staff member, who begins a series of home visits to further explore the family's needs and develop with them an Individual Family Service Plan. When the program began, the Parent-Child Advocates spent much time recruiting door-to-door; now that the program is established word-of-mouth brings many new families.

The Family Enrichment Center is a drop-in program for parents and children. Parents can get respite from child care while they read the newspaper or visit, while the children are cared for by experienced staff using an array of toys and resources. Staff are available informally for individual consultation, and parenting classes are also provided. The groups give parents an opportunity to learn from each other, and to discover that their problems are usually shared by others. The drop-in center has taken a long time to become established as residents are unfamiliar with the concept of "drop-in program" and may feel uncertain of what to expect or what will be expected of them.

For many community residents, the program was their first work experience.

The Primary Care Health Center provides prenatal care, well-baby care, primary health care for the family, and education on preventive health care practices to all family members. Parents are helped to make and keep appointments for immunizations and check-ups. Plenty of time is allowed to talk with family members about their questions and concerns, and to explain how the parents can follow through at home on recommended health care. Parents can learn how to use a thermometer and other simple home health care procedures. Utilization of the health service has progressed more slowly than expected. Many residents are unfamiliar with preventive health care, using medical services only in emergencies. Many have never had a comprehensive medical examination nor had extended contact with a health care provider. The project has learned that it may take a long time for families to get over preconceived ideas about what to expect from health services.

The program has learned that family needs must be addressed before parents can be attentive to the developmental needs of children.

The Infant/Toddler Center has space for 14 infants and toddlers up to age two, providing them with full-day care while their mothers work or go to school. Professional childhood educators and trained community staff provide quality developmental care in clean, bright, surroundings well supplied with learning resources. As part of this program, special services for teen-age parents are provided, including job readiness classes or help finding educational programs. The quality child care offered is essential to helping these young parents achieve economic self-sufficiency.

The program also has two full-day Head Start classrooms for 33 children, and a full-day developmental child care program for two year olds. These programs, together with the Infant/Toddler Center, provide a comprehensive child care program for children from age three months until they are ready for kindergarten. This continuity of care is an important aspect of healthy child development and gives the parents a solid base of support as they work toward economic self-sufficiency.

Evaluation

This program is undertaking an outcome evaluation as part of a research initiative on family support programs funded by the Annie E. Casey Foundation. The program is also in the process of conducting a "retrospective analysis" which will identify successes and strategies that work. While awaiting the results of these efforts, the program has identified several "lessons learned" and attempted to document the ways in which the program is making progress toward achieving its goals.

The program has learned that it takes a long time to earn participants' trust but that the program cannot function without it. The key to helping families is the trusting relationships they are able to form with the Parent-Child Advocates initially, and later with other staff. Door-to-door outreach is ongoing and extensive; sometimes home visitors must go back several times before they are allowed to enter the home. Once inside, it may take many more visits before the parent can begin to discuss issues of concern.

The staff have come to fully appreciate how challenging the environment of the projects is to healthy family life. The environment creates multiple stresses for families and program staff. The projects lack adequate telephones, laundry facilities, newspaper delivery, grocery stores, and drug stores. Shopping is an ordeal, as children must be helped down multiple flights of dark, dirty, stairways and onto busses that go to where the stores are. The process must be reversed to get the groceries home, made more complicated by carrying heavy bags of food. Crime is pervasive and threats to personal safety constant. One home visitor was shot by a ricocheting bullet while on the way to a home visit. Recreational programs for youth, mental health services, and other social services are meager or nonexistent. Because of rodents and bugs, parents must keep curious toddlers penned up for their own protection. Playing outside, trips to the zoo, and other family events taken for granted elsewhere, are difficult and dangerous at best, and often impossible.

The program has learned that family needs must be addressed before parents can be attentive to the developmental needs of children. The need for housing repairs, food, clothing, and furniture, and the threat of gunfire on a daily basis are overwhelming. Another obstacle is the large number of families in which substance abuse and domestic violence are present. To respond to the multiple needs of all family members, the program has

developed a team approach to home visiting, including a Parent-Child Advocate and a child development specialist, who help the family make a long range plan to meet the developmental and concrete needs of all family members.

Although the program became established more slowly than expected, a number of achievements have been made at the end of five years. The main achievement is that the program is now firmly established; it is accepted in the community, well-known, and the program components are fairly well developed. Many children have received improved health care, and there seems to be a gradual movement toward more preventive and less emergency use of health care services. Immunizations, prenatal visits, and well-child care have all improved. Parents are better able to articulate the developmental needs of their children and have learned how to create learning opportunities for them. Parents, through the trusting relationships they have developed with staff and with each other and through the "respites" they have from child care by attending the drop-in center, seem to have become more relaxed and "emotionally available" to their children. Both parents and children seem to have improved social interaction skills. Parents are increasingly pursuing educational and work activities. The children entering kindergarten this fall are likely to be more at ease with their peers, more able to interact with adults, and more likely to receive support at home for their school efforts.

Comment

The Beethoven Project's experiences shed light on what one might expect when starting a family support program in a crime-ridden, socially-isolated inner city housing project. The project learned that it would have to pay attention to safety concerns of families and staff in selecting and remodeling buildings for program activities. The goal of having a cohort of children who had spent several years with the program ready for kindergarten after five years of program operation has had to be modified. Delays occurred in negotiating with the housing authority for space, and in gaining the trust of residents so that they would participate. Further delays occurred as the immediate, concrete needs of families required attention before they could be helped to encourage and promote their children's development and health. The project learned that it needed to help create a caring community through creating trust among neighbors and between staff and families, within which the project could operate.

The Beethoven Project's experiences shed light on what one might expect when starting a family support program in a crime-ridden, socially-isolated inner city housing project.

3. Project Match, Cabrini-Green Community, Chicago, Illinois

Project Match is a demonstration project intended to help welfare recipients become economically self-sufficient. Started in 1985 by the Illinois Department of Public Aid, the program is affiliated with Northwestern University and is located in an inner city neighborhood which includes the Cabrini-Green housing project. Between 1985 and 1991, the project provided assistance to over 600 community residents. The project is directed mainly at the developmental needs of adults, offering them support in making the often difficult transition from welfare to work. Welfare-to-work programs have not been traditionally considered within the framework of family support programs, but the program is included here because it offers useful ideas to planners of neighborhood-based family support programs on how to coordinate the goals of welfare jobs programs with activities designed to strengthen family life, by focusing on the developmental needs of adults in the family (Herr & Halpern 1991).

Neighborhood and Families

Project Match is located in the Winfield / Moody Health Center which serves the Cabrini-Green community. The participants are mainly African American females; most are single. Eighty percent were receiving AFDC at the time they enrolled in the project, and of those, over two-thirds had been receiving assistance consistently for the previous four years. Over half of the program participants grew up in families supported by AFDC. Almost half had little or no work experience prior to enrollment; sixty percent were 25 or under, and more than a third were high school dropouts. The Project has also become established at the Wayne Miner public housing development in Kansas City, Missouri.

Project Match has developed three principles to help welfare-to-work programs rethink their expectations of participants.

Goals and Assumptions

Project Match was developed out of the experience of welfare to work programs, which found that many participants could not maintain a job or steady participation in a school program. For some welfare dependent persons, help finding a job is sufficient for them to become independent. But many need a more comprehensive program. The long process to independence involves "forging or renewing connections with mainstream norms and institutions; re-working basic dispositions toward self and world; becoming ready to struggle to acquire basic skills that should have been acquired in childhood; developing the capacity to construct a future for oneself" (Herr & Halpern, 22). These tasks may take longer than a few months, and the first steps need to be accessible to parents in their current situation so that they can get early recognition and feed back that they are "on track." These first steps may include participating with their children in community activities and volunteering on a scheduled basis in community activities.

Project Match has developed three principles to help welfare-to-work programs rethink their expectations of participants. These principles are embodied in the concept of a "ladder" which shows how people can move in incremental steps toward economic independence. The principles are:

- welfare to work programs should include a broad array of activities that "count,"
- long time commitments, and
- a flexible range of sequences or patterns from dependence to independence.

See the figure, "Steps to Social Involvement and Economic Self-Sufficiency," for a depiction of the ladderization concept.

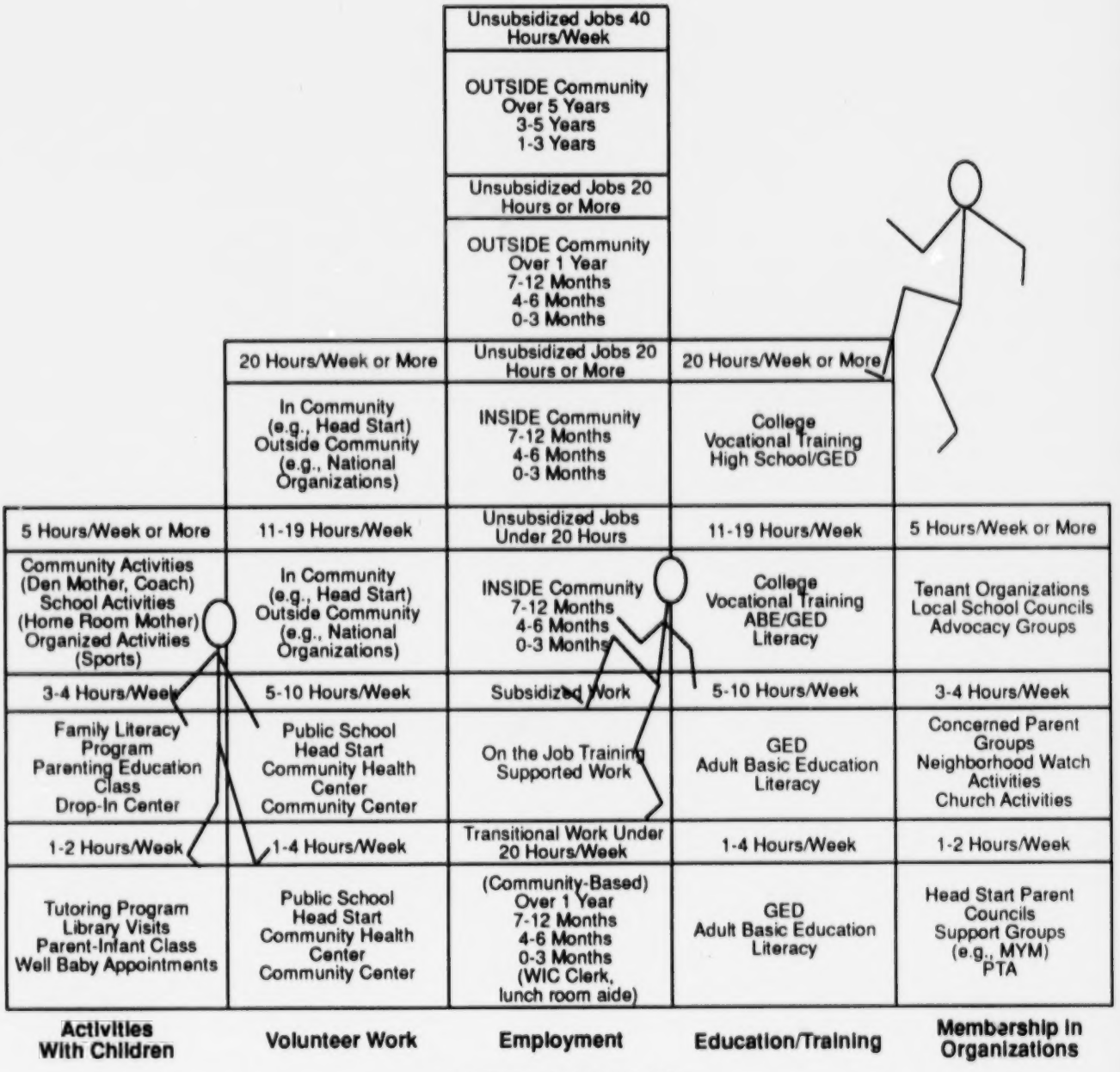
The ladder shows that people are expected to make gradually increasing time commitments to identified activities, and that they progress from family or community-oriented activities to those that are more directly related to finding and keeping employment. People may move along the ladder in many different sequences, including temporary setbacks followed by re-entering the ladder at a lower level.

Services

Project Match is staffed by case managers who work out individual plans for participants and then monitor progress toward economic self-sufficiency. Plans can include structured activities with children in the family, participating in community events, volunteering in community service agencies, as well as attending school or working part or full time. Casework support goes on for as long as necessary.

In implementing this ladder in community programs, it is helpful to keep in mind that most Americans live in environments where they get feedback from

Steps to
Social Involvement and Economic Self-Sufficiency



Activities With Children	Volunteer Work	Employment	Education/Training	Membership in Organizations
		Unsubsidized Jobs 40 Hours/Week		
		OUTSIDE Community Over 5 Years 3-5 Years 1-3 Years		
		Unsubsidized Jobs 20 Hours or More		
		OUTSIDE Community Over 1 Year 7-12 Months 4-6 Months 0-3 Months		
	20 Hours/Week or More	Unsubsidized Jobs 20 Hours or More	20 Hours/Week or More	
	In Community (e.g., Head Start) Outside Community (e.g., National Organizations)	INSIDE Community 7-12 Months 4-6 Months 0-3 Months	College Vocational Training High School/GED	
5 Hours/Week or More	11-19 Hours/Week	Unsubsidized Jobs Under 20 Hours	11-19 Hours/Week	5 Hours/Week or More
Community Activities (Den Mother, Coach) School Activities (Home Room Mother) Organized Activities (Sports)	In Community (e.g., Head Start) Outside Community (e.g., National Organizations)	INSIDE Community 7-12 Months 4-6 Months 0-3 Months	College Vocational Training ABE/GED Literacy	Tenant Organizations Local School Councils Advocacy Groups
3-4 Hours/Week	5-10 Hours/Week	Subsidized Work	5-10 Hours/Week	3-4 Hours/Week
Family Literacy Program Parenting Education Class Drop-In Center	Public School Head Start Community Health Center Community Center	On the Job Training Supported Work	GED Adult Basic Education Literacy	Concerned Parent Groups Neighborhood Watch Activities Church Activities
1-2 Hours/Week	1-4 Hours/Week	Transitional Work Under 20 Hours/Week	1-4 Hours/Week	1-2 Hours/Week
Tutoring Program Library Visits Parent-Infant Class Well Baby Appointments	Public School Head Start Community Health Center Community Center	(Community-Based) Over 1 Year 7-12 Months 4-6 Months 0-3 Months (WIC Clerk, lunch room aide)	GED Adult Basic Education Literacy	Head Start Parent Councils Support Groups (e.g., MYM) PTA

—SOCIAL ISOLATION—

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family, friends, teachers, supervisors, and others which tells them that they are on track, and helps them feel good about themselves. They receive the help they need to remain motivated to move on to the next step, and they are around people who can be role models for them as they progress. Very disadvantaged people live in communities where this social "scaffolding" is rickety or nonexistent. Positive activities are not acknowledged or appreciated, and there may be not networks to provide information on existing jobs. The Project Match model attempts to recreate this social scaffolding through a program design.

Federal and state regulations and policies on welfare to work are often too rigid to accommodate the needs of people who are not ready to sustain consistent employment.

A key program feature is legitimizing each step on the ladder through public recognition. This can be in the form of awards ceremonies, newsletters, and display boards. This recognition acknowledges that an individual has successfully completed a stage, and has moved on to a new status, such as the change from volunteer inside an agency program to volunteer in a program outside the agency. Recognition of successful completion of steps reinforces the idea that people are expected to be engaged in a constructive activity and in a plan for self-development that involves progress to more difficult activities, and that if they have a setback they are expected to get back on the ladder at a lower level. Public recognition helps establish and reinforce community norms about what the expectations are for adult behavior.

Community Linkages

Project Match's notion of the "ladder" to self-sufficiency, involving early steps of volunteering and community involvement, offers a way to link people engaged in the welfare-to-work transition to roles in other community agencies, such as housing, education and social services. The Project model has the potential to integrate welfare to work programs with other services in the community. For this potential to be realized, several modifications will need to be made at both the jobs program and the community agencies.

Federal and state regulations and policies on welfare to work are often too rigid to accommodate the needs of people who are not ready to sustain consistent employment. Such job programs typically require too large a time commitment for some people to sustain initially, and they require that people be in school, job training, or at work. However, some participants need to start with organized experiences that are less demanding than school or work, and build up to these activities. Thirdly, most jobs programs allow only a very limited period of follow-up by case managers after the participant is working. Project Match has found, however, that backsliding is common and expectable, and therefore that case management services need to be available to help people over the long haul.

Community institutions such as housing projects and Head Start also need to revise their mission and policies somewhat in order for their opportunities for participant involvement to be structured as part of a "ladder" to eventual self-sufficiency. These revisions should include:

1. reconceptualizing their mission to include the role of helping adults who are involved in their agency move toward self-sufficiency;
2. identifying a set of activities which can be placed in a progression, or "ladder";
3. establishing expectations that people participate a certain number of hours a week, probably about two hours initially and the adding more;
4. developing ways to publicly acknowledge participants who succeed in meeting these expectations, such

as newsletters, bulletin boards, and recognition ceremonies; and

5. developing ways for people to make transition from one volunteer activity to another or from volunteering to a part-time job.

Comment

Project Match has received no formal evaluation. This program attempts to recreate programmatically an incremental approach to job readiness to bridge the distance between the culture and social situation of people at risk for long term welfare dependency and the world of work. Community agencies which involve adults as volunteers are a key component of this bridge. In order for this bridge to work, however, both public welfare and jobs programs and community agencies must modify their sense of mission and their policies to forge a strong "scaffolding" for people involved in the transition from welfare to work. Welfare programs must be willing to "count" structured volunteer experience as a meaningful stage in the welfare to work process. Community agencies must see adult development leading ultimately to economic self-sufficiency as a focus around which to organize their volunteer activities. This program offers a very useful way of thinking about structuring adult participation in a family support program in a way that offers parents a developmental ladder to enter the world of work.

4. Avance

Avance is a parent education and family support program started in 1973 in the Mirasol Federal housing project in San Antonio, Texas. It now has four other sites in other low-income neighborhoods in San Antonio and Houston. Started in 1973, with funding from the Zale Foundation, the program serves Mexican-American families, including both recent immigrants and families who have been U.S. citizens for many generations. The Spanish word "Avance" means advancement or progress. The agency is currently supported by the City of San Antonio, the United Way, the Department of Human Resources, Federal monies, and private donations and serves about 2,000 families annually in San Antonio and Houston (Johnson, Walker & Rodriguez 1991).

Families and Neighborhood

The families in Avance are low income Mexican American families characterized by the following conditions which have existed for at least three generations: poverty, an 80 percent drop out rate among the parents, and a mean educational level of about the eighth grade. A recent evaluation study found that about half of the mothers suffer from depression and that many had suffered abuse as children. The majority are single, on welfare, are socially isolated, under stress, lack knowledge of child development and child management methods, have a high potential for child abuse and neglect, and lack job skills.

This program offers a very useful way of thinking about structuring adult participation in a family support program in a way that offers parents a developmental ladder to enter the world of work.

Goals and Assumptions

Avance has the goals of (1) conducting research on family support programs, and (2) providing direct services to families whereby family members learn to develop their fullest potential, families are strengthened, problems of child maltreatment and school failure are alleviated, and the economic condition of the family is stabilized.

The program founder, Ms. Gloria Rodriguez, who grew up in a poor Mexican-American neighborhood, believes that most programs offer too little, too late. As a former school teacher, she says children entering first grade already likely to fail because of inadequate preparation

at home. Therefore, the program offers early intervention to young families in a structured, one or two year program. Support for the parent is the core of the intervention, which is focused on the home and is based in the communities in which the families live (Rodriguez 1989).

Program Components

The majority of staff are Avance graduates who act as role models for new parents.

The Parent-Child Education Program is a nine month, three hour weekly parenting program located in the community in which the family lives. Parents learn to make educational toys, attend class discussions on child development and behavior management, receive home visits, go on field trips to libraries and various community events with their children, and learn about community resources. They are videotaped interacting with their child in order to develop parent-child interaction skills. Parent-to-parent interaction is encouraged to help families build a strong support network in the community. While the parents are in session, the children receive a developmentally appropriate preschool experience at the Avance Child Care Area. The program year starts in September with about 90 to 100 families at the Mirasol Center, and stabilizes to about 60 or 70 families by November (Cortez 1986). Those who stay in the program become a committed group who are very unlikely to drop-out except to go to work or because of a family move. The program also serves a small number of families referred from Child Protective Services.

The Avance program is highly structured, providing "predictability, consistency, reinforcement, and follow-through" in order to counteract the chaos and unpredictability that characterize the lives of many of the parents (Cortez 1986). Parents are expected to be ready to be picked up, to bring sufficient diapers and bottles, and to participate in socially acceptable ways in class. They cannot smoke or drink soda in the child care area. They are expected to be available for monthly home visits, to volunteer 12 times during the year in the child care center, and not leave the adult class to go check on their children. In return, the parents can expect consistency and predictability from Avance. Staff are nurturing to parents, and treat them with respect and consideration. They are careful never to be demeaning or appear unwelcoming.

The Education and Economic Development Program is available for families successfully completing the Parent-Child Education Program. It was developed in response to the parents' wishes to undertake structured activities to develop their own skills and confidence. Avance helps parents set realistic, attainable economic goals, including owning a car and a home, and offers classes, in conjunction with the local community college, in English, basic skills, GED and college classes. Transportation and child care are provided by Avance.

Realizing that target families for their program are unlikely to seek them out, the program undertakes active recruitment strategies. Beginning in August, staff go door-to-door in the community and invite every family with a child under four years of age. Since the staff is hired from the community, they are comfortable doing this direct form of recruiting. Families also hear of the program from friends and relatives; about half of all new families are recruited through word-of-mouth.

Staff

The majority of staff are Avance graduates who act as role models for new parents. They are encouraged to continue to develop their job skills and to "advance" further in their careers. Avance gradu-

ates are the secretaries, accounting and research assistants, and the direct service staff of the program.

Funding

Until about five years ago, Avance was a grass roots organization with a relatively small budget. In 1986, it had a budget of $400,000. Since then it has received national recognition for its well-developed program, and now has a budget of $3.5 million. It has recently expanded to include a training and technical assistance component to cope with the increasing requests from all parts of the country, and has received funding from the Carnegie Corporation for a research and evaluation department (Walker 1993).

Evaluation

This program had the luxury of developing slowly over a period of fifteen years and refining its model before undertaking an outcome evaluation. The purpose of the evaluation has been to address questions raised by program administrators on how they can refine their program.

The evaluation was conducted with a grant from the Carnegie Foundation conducted jointly by researchers at the University of Houston and Avance. The basic evaluation design was a comparison of program and no-program groups, with pre- and post-testing (Johnson & Walker 1991). The evaluation took place at two sites; at one (Southside), random assignment to group was done; at the other site (Westside), this was not possible and a matched group design was used. The design included use of two annual cohorts of subjects (1988 and 1989).

The participants were Mexican-American women who averaged 24 years of age, had about 2.5 children, had nine years of education; about 60 percent were married or in a live-in relationship. Women at the Southside site were somewhat more likely to be married and have more education than women at the Westside site.

The evaluation found that the program had a substantial effect on the ability of mothers to provide an educationally sound and emotionally nurturing environment for their children. It also had strong effects on child rearing attitudes and knowledge and on awareness of community resources. There was some evidence that the program succeeded in strengthening the participants' support networks. Mothers participating in the second year adult-development program were more likely to be enrolled in courses to upgrade their employment prospects than were control mothers. There was no clear evidence of program effects on children's intelligence tests and problem behavior inventories.

This program had the luxury of developing slowly over a period of fifteen years and refining its model before undertaking an outcome evaluation.

The lack of program effects on tests of children's development was not surprising since the focus of the program is on strengthening the parents' roles. It is expected that program mothers are now in a position to support their children's education over time and can actively help them succeed in school. The evaluation concludes that parents "have the necessary skills to provide an educationally stimulating environment and provide emotional support, they value education for themselves and their children, and they have a knowledge base for effective rearing of children" (Johnson & Walker 1991, 4). The evaluators recommended that the child care portion of the program be strengthened and that parents receive more specific training on cognitive and language stimulation, and more specific training on problem-solving techniques with children. The evaluators also recommended that the program add a depression prevention and intervention component.

A process evaluation undertaken concurrently with the outcome evaluation found that a well-defined program existed, that it was delivered to participants as planned, and that the program was generally of high quality.

B. Common Program Elements

The discussions around the craft table, at parenting class, or in the drop-in centers, as well as more formal parent support groups, provided parents with an opportunity to experience that they were not alone with their difficulties. They could learn from each other and get a better sense of themselves as parents.

These programs offer examples of qualities characteristic of neighborhood-based family support programs. These qualities are: focus on the whole family; opportunities for parent-to-parent interaction; leadership; cultural competence and neighborhood linkages; and comprehensive services offered through a family-centered approach.

1. Focus on The Whole Family

Theory and research both indicate that a key to improving children's development is to help the parents create a home environment more supportive of that development. If parents are to guide their children successfully to adulthood, they need to have accomplished the transition to successful adulthood themselves. These programs offer examples of ways that programs can support the well-being and development of all family members.

- The Center for Family Life offers programs for people of all ages, including those directed toward adults, such as counseling and support for job training.
- The Beethoven Project offers home visiting, group activities, and help with job readiness to families. It has learned that parents in the very stressful environment of the Robert Taylor Homes need substantial and prolonged attention to their individual problems before they can "attend" to the developmental needs of their children.
- Project Match is focused entirely on adults, but shows a way to link a progression of activities leading to self-sufficiency with their roles as parents and community members.
- Avance offers a two stage developmental ladder to parents: during the first year they attend parenting class, receive home visits, and volunteer regularly at the child care center. If they complete the program successfully, the following year they may enroll in adult education services to prepare them to enter the world of work, while receiving day care and transportation services.

2. Opportunities for Parent to Parent Interaction

Each of the programs also gave the parents opportunities for social interaction with one another.

- The Center for Family Life has a number of support groups for parents.
- The Beethoven Project established at drop-in center for parents to meet and talk together informally.
- Project Match involved parents in volunteering in programs where they would have the opportunity to meet other adults.
- Avance has an innovative and well-developed craft program where parents make a developmental toy for their children while discussing issues in child rearing and family life.

The discussions around the craft table, at parenting class, or in the drop-in centers, as well as more formal parent support groups, provided parents with an opportunity to experience that they were not alone with their difficulties. They could learn from each other and get a better sense of themselves as parents.

A recent research study on Project Meld supports the conclusion that opportunities for parent dialogue can influence

parenting attitudes and behavior. It found that compared to parents who received only written materials on parenting, those who combined written materials with twice-monthly discussion over a two-year period had more democratic child rearing beliefs and practices (Powell, forthcoming).

3. Leadership

Two of the four programs, the Center for Family Life and Avance, grew slowly from a small base in the neighborhood to large, well-established programs geared to the particular neighborhoods and populations they serve. Both of the programs have dedicated, highly capable administrators who have taken on their work as a life mission. The key role of the Sisters who started and administer the Center for Family Life was discussed earlier.

Gloria Rodriguez, of Avance, who has a doctorate in education, grew up in a housing project much like the one in which the program now operates. As a first grade teacher, she became aware of how far behind some of the Mexican-American children were when they started school. She began working first with the children, and then with their parents as well, to help them prepare for school (Rodriguez 1985). These experiences early in her career have continued to motivate her and give her program a clear focus on school readiness. The slow but steady development of the program over a twenty year period which required administrative skills, innovative leadership, and persistence in regard to funding, is based on Dr. Rodriguez's determination to help the community in which she was raised.

4. Cultural Competency and Neighborhood Linkages

These programs are involved in their communities at many levels. Their current program structures are the result of an evolutionary process of adaptation and change. The planners had a concept initially but did not impose a model on the community. Rather, they worked with the community to help the program grow. All of the programs incorporate community residents as professional and paraprofessional staff and volunteers. They collaborate with existing community groups to improve services. They plan celebrations featuring the food, music, and other cultural elements of the participants. The staff know the families well, and share their successes, crises, and life changes.

5. Comprehensive Services with a Family-Centered Approach

The programs exemplify a basic tenet of neighborhood-based family support programs, that they offer a range of services to families in one setting. The program adapts to the family's needs, rather than asking the family to adapt to the structure and requirements of fragmented services delivered through complex organizations. They tend to have available concrete services, advocacy services, supportive counseling, group support, home visiting, and access to health services, day care, housing referrals, and other services which families need. They act as mediators between large service system and the families, and can provide needed help flexibly, responsively, and with attention to individual circumstances.

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C. Administrative Issues

Those administering neighborhood-based family support programs have identified issues that need special attention when considering these programs. These topics are: Recruitment and Outreach, Staffing Issues, and Linkages with Government.

1. Recruitment and Outreach

Recruitment, start-up and outreach are important aspects of program development. Too frequently, new programs do not allow enough time to get established before funders and evaluators start addressing the question of whether the program "works." Although neighborhood-based family support programs are needed very much, particularly in service-poor low-income communities, these are the areas where start-up is most likely to take a long time. Programs generally take at least a year to become fully operational, and may take longer under some conditions, such as insufficient funding, complicated organizational and collaborative arrangements, or, as in the case of the Beethoven Project, particularly challenging neighborhood environments.

For all these reasons, it is reasonable to plan that recruitment of families will require careful strategizing and expenditure of program resources.

Recruitment

Residents in poor communities have learned to distrust new programs because they have seen so many come and go over the years, after having raised expectations for improvements which never materialized. Residents are likely to take a "wait and see" attitude; they will need reassurance that the program is there to stay and that they will be respected and valued contributors to the program before they will become committed participants. It is important to include community residents as active participants, to teach them to help themselves, so that the program's demise does not necessarily result in loss to the community.

A related problem is that people who have experienced multiple failures at school, work, and in personal relationships may feel that they cannot be helped. They may stay away from a program for fear of failing yet again.

Another barrier to participation is the lack of knowledge families may have about neighborhood-based family support programs and how they can be beneficial. For example, many people have not reflected on parenting as a skill that can be learned, nor have they thought that receiving information and social support could help them strengthen family life. For these potential participants, it may be necessary to convince them that the program can be of concrete benefit before they will participate.

For all these reasons, it is reasonable to plan that recruitment of families will require careful strategizing and expenditure of program resources. The experiences of other programs suggest strategies for recruitment which may be successful.

Recruitment Strategies

Different recruitment strategies attract different kinds of people. Powell (1987) pointed out that broad-brush efforts, using media, posters, and flyers distributed widely are likely to attract people who already know the value of family support programs. They have the confidence and social skills to contact strangers about enrolling in the program and are not afraid of the close social interaction which support programs entail. People who are unaware that these programs can benefit them and who are apprehensive about interacting with strangers will not be likely to respond. Yet these may be the people whom the program most wishes to attract. These people are not likely to find the program on their own; the program must go find them.

One way to establish the trust necessary to attract participants is to become known by other service providers in the community, who are likely to be sources of referrals. It is important for staff to contact

personally school teachers, principals, and aides, church leaders, police, welfare and other government workers who have contact with neighborhood residents, and "natural neighbors," those persons whom others look to for help in the immediate neighborhood (Collins & Pancoast 1976; Gambrill & Paquin 1992).

Niching the program in a host setting can also help recruitment. A Detroit study found that neighborhood family resource centers located in host settings, such as a school or a mental health agency, became established in their communities much more easily than free-standing programs. Staff at the host setting are likely to refer families known to them who would be appropriate for the new program, and the program has credibility reflected from that of the host setting (Downs & Nahan 1990).

Waiting room approaches conduct recruitment in places where families gather to receive social, health, welfare, or related services. The waits are often lengthy and distractions are few. It is possible to establish personal contact with families over time and gradually encourage them to participate. These approaches may include loosely formatted support sessions conducted right in the waiting room, which gives those waiting a chance to experience how the program might benefit them in a nonthreatening atmosphere where there are no expectations on them to participate. Waiting rooms contain people who have no other contact with the formal service system, and therefore are not likely to learn of the program in any other way. Parents of infants and toddlers, overburdened and discouraged parents, and those abusing substances are often beyond the reach of traditional support services, but they are likely to be found in waiting rooms for WIC food coupons, welfare, and other similar settings (Campbell, Walker & Downs, forthcoming).

Door-to-door recruiting is an essential component of recruitment in low-income communities where people have not heard of and do not understand the value of family support programs. Both the Beethoven Project and Avance relied on systematic door-to-door recruitment at regular intervals.

Programs have also been successful in recruitment by offering small incentives, such as snacks, which give tangible evidence that the program cares about the participants. Baby showers have also been used as recruiting devices, in which area merchants and charitable organizations donate baby supplies, which are given to pregnant women and new mothers at a baby shower. Day care and transportation are very helpful and may be necessary in some cases.

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Once a program has become established in a community, word-of-mouth can be a potent recruitment strategy. Participants share what they have learned with family and friends. Participants are the ideal recruiters because they already have a relationship of trust with those they are likely to recruit and because they can speak with conviction about the benefits of the program. Further, they are likely to know who among their relatives and neighbors are motivated to improve the interactions of family life and therefore are ready to benefit from program involvement (Pettinari 1993).

Concrete Services

Highly deprived families may live in a state of perpetual crisis, faced with seemingly unsolvable problems and vast unmet needs for such basic supports as decent housing, food, clothing, and a reasonably safe environment. Although the program may see its mission as helping families interact in more positive ways and helping parents learn how to create a home environment which will promote

the healthy development of the children, staff must address the immediate, concrete needs of parents before other issues can be resolved. Early contacts with potential participants should include time for the parents to share their frustrations and their own overwhelming needs, before they can focus on the needs of their children. Programs need to have in place a way to respond to concrete and emergency needs. Families who feel that they have been helped in tangible ways are more likely to be available to hear the information on improving family interaction and to trust the program to help them with interpersonal problems and parenting issues (Beethoven's Fifth 1993, Halpern 1987).

Assertive Outreach

The role of staff in neighborhood-based family support programs is complex. Because the program is shaped by local conditions, needs, and concerns, staff do not deliver a fixed program model. Their role requires flexibility and responsiveness to ideas for making the program more congruent with the wishes and needs of participants and the community.

Neighborhood-based family support programs are voluntary by their nature. People cannot be forced to participate, but they can be strongly encouraged to do so. It is a mistake to believe that if families who know about the program won't come, then nothing more can be done unless the situation warrants a report to Child Protective Services. There is room to maneuver between leaving participation totally up to the parents and forced participation through the child protection system. "Assertive outreach" is the term given to focused, persistent recruitment efforts targeted to needy but reluctant families where there is reason to think that the children may be at risk. In general, if the program offers the family a tangible benefit and does not label them as "dysfunctional," they can be recruited eventually.

2. Staffing Issues

Because the success of neighborhood-based family support programs hinges on the relationships established among staff, participants, and the local community, staffing issues are critically important to the success of the program. Although the role of staff varies depending on the type of program, it is always the case that staff members deliver, interpret, and represent the program service to families in the community. How well staff can form linkages to other community groups affects the level of trust and acceptance of the program in the community. Successful work with neighborhood families, whether individually or in groups, depends on the quality of the relationship that exists between staff and participant.

The role of staff in neighborhood-based family support programs is complex. Because the program is shaped by local conditions, needs, and concerns, staff do not deliver a fixed program model. Their role requires flexibility and responsiveness to ideas for making the program more congruent with the wishes and needs of participants and the community. Staff discretionary power is greater in programs without a fixed program model, so they need to make decisions autonomously, based on the specifics of the situation at hand rather than on formal policy guidelines.

A third important ability for staff is that they define their professional role in such a way that participants can claim "ownership" of the program. Community participants have an important role in making decisions about the program. The role of staff in empowerment-oriented, neighborhood-based family support programs includes consultation and facilitating parent and community groups. As in traditional human services practice, the professional has access to a body of knowledge not shared by participants, but will use that knowledge to guide the participants in decision-making for themselves rather than imposing a "professional judgement" on the situation and applying a "professional intervention." In working with individual participants,

staff need an empowerment-orientation, which requires a collaborative, egalitarian, participative working style (Powell 1987).

Staff Qualities

The research on hiring, training, and supervising staff for these programs is very scant. Most of what is known comes from practice experience and from comparisons of programs that had different ways of staffing. There appears to be a consensus that while staff can improve their skills through staff training and supervision, certain qualities should be inherent in the persons hired (Wasik 1993).

One set of qualities clusters around maturity. Staff need to have good judgement so that they are able to handle unusual situations and make decisions autonomously. They need to have had experience in working with formal organizational structures, because they will need to relate to them in their community work. Also, of course, they need to have had experience in working with families and children.

Staff also need to have good interpersonal skills. They need to be able to communicate well with others and to form relationships fairly easily. They need to be warm, caring people. It is helpful if they have good observational skills, so that they notice and can reflect on the meaning of behavior as well as spoken communication.

A key quality is self-awareness, the ability to assess oneself. No one is an expert at everything. It is helpful if staff know their strengths and limitations and can make good assessments about their own need for professional development (Downs & Walker 1994).

Paraprofessional Staff

The consensus is that both paraprofessionals and professionals have important functions in neighborhood-based family support programs. Paraprofessionals bring several important qualities to the program. They usually come from the community, so they have knowledge of community norms, beliefs, resources, and of many of the families. To some extent, they share a common background and attitudes with other community residents. These qualities help with recruitment and with building trusting relationships with families and other community groups (Wasik 1993).

Staff need to have good judgement so that they are able to handle unusual situations and make decisions autonomously.

An important consideration is how to involve paraprofessionals in program planning. They should be involved in two-way communication, not only to interpret the views of professionals to participants, but also to help make the program more responsive to community concerns. To achieve this, paraprofessionals need to be included as equals in staff meetings and a special effort made to help all staff appreciate their role. They should have specific functions, and not be relegated only to the status of "case aide" (Powell 1987).

Training and Supervision

Staff of neighborhood-based family support programs may find working conditions demanding and stressful. In some neighborhoods, personal safety is an issue. Families may have multiple problems that seem to defy solutions and the work may not always seem very rewarding. The autonomy staff need to work creatively and independently with families can feel like loneliness. Burn-out, fatigue, and stress-related problems are common, especially among staff working in high-risk neighborhoods (Halpern 1993). Ongoing support, training, and supervision are crucial to maintaining staff morale and effectiveness.

Training should occur at pre-service and in-service periods. There are no set curricula for training staff of neighborhood-based family support programs because the programs vary greatly. However, certain topics are usually considered helpful, including:

- training on child development and child management,
- communication and counseling skills,
- skills in group dynamics and in community organization,
- information on special topics such as child abuse, addictions to chemical substances, and issues relating to chronically ill children, and
- knowledge of the community, including resources, transportation, and cultural characteristics (Wasik 1993).

By focusing on staff's work with specific families, the training sessions help staff achieve clarity about their role.

Ongoing, intensive supervision, both individually and in groups, is a key component of staffing a neighborhood-based family support program. Supervision not only provides opportunity for monitoring performance, it also can help staff relieve stress through talking over triumphs and dilemmas they are experiencing. Good supervision is an opportunity for professional development. Through a process of identifying learning goals, reflecting on what has been learned, and setting new goals, individual staff can be helped to develop specific skills and to attain a better awareness of their professional abilities.

The Developmental Training and Support Program

The Developmental Training and Support Program (DTSP), sponsored by the Illinois Ounce of Prevention Fund, trains and offers supervisory support to staff of community-based adolescent parenting programs. The training, which occurs over a period of at least two years, offers staff training continuously adapted to their needs, in a highly interactive, supportive format. The trainers believe that "short-term didactic training has not enabled community-based staff to redirect their services from crisis intervention to strengthening the parent-child relationship. A parallel process of support, focusing on strengthening the relationship between parents and children, between staff and parents, and between facilitators and trainees, has been much more successful. Slow, incremental, locally defined change is most often the best" (Percansky & Bernstein 1993).

To achieve this "parallel process," in which the interactions among trainers and trainees parallels that between staff and parents, training facilitators meet with staff one day a month for at least two years. Supervisors and line staff attend together, so everyone will understand the concepts explored. The facilitators try to create an atmosphere of safety, where staff can share concerns, frustrations, and perplexities in an atmosphere of collaboration and support. The primary content of each session comes from material staff bring to training concerning their work with families. By focusing on staff's work with specific families, the training sessions help staff achieve clarity about their role.

Staff participate in setting the training agenda. The same trainers facilitate every session, so that relationships among staff and trainers can form, and so that trainers can learn the individual strengths and working styles of staff. The training is experiential, as staff are encouraged to share videotapes of their work with families and solicit input from the group. Participants are encouraged to reflect on their professional development, and the trainers explicitly make the connection between the process of training and the parallel process of the collaborative work between families and staff.

The comment of a program supervisor who had participated in the training with staff, illustrates the style of this empowering, collaborative, training format:

> At times, the training seemed to go so slowly and take so long. We program staff would talk among ourselves: Why won't they (the facilitators) just come in here and tell us what to do? [Now we realize that] they intentionally modeled for us how to figure out on our own how these skills and information are going to work in our own program, so that we would have ownership. In the end, it was probably better. [We could translate the DTSP approach] into supervision and home visits — not imposing information on people, but giving them information, tools, and support to come up with some of these things on their own.

3. Linkages to Government

During the decade of the 1990s, family support and parent education will be high on the national agenda. These programs are likely to be part of reform efforts in public welfare, public education, child welfare, and health care. The Family Preservation Act of 1993 will put substantial federal funds into state child welfare programs specifically targeted for prevention. In addition to federal developments, several pioneering states have also initiated state-supported family programs. Government interest in family support programs represents a shift in focus from crisis intervention centered on child protection to family-oriented preventive services.

Governmental involvement in these programs has come about partly because of economic and social changes which have put many American families in jeopardy. These changes were described in Part One of this monograph. Also, as Weiss (1990) points out, family support programs have a value base that is consistent with current political ideology. Both conservative and liberal ends of the political spectrum have reason to promote neighborhood-based family support programs. From the conservative point of view, these programs are valuable because they promote self-supporting families and the development of children into independent adults. Conservatives also are attuned to the self-help, nonbureaucratic aspects of the programs. Liberals also endorse the programs, which acknowledge the need of families for external support from communities and government. Thus, Weiss concludes, these programs "are important nationally, not least because they are helping to establish and demonstrate a new middle ground for family policy, and because they can provide the conceptual framework necessary for integrating disparate initiatives — from welfare reform to abuse and neglect prevention — into community-based systems to strengthen families" (4).

During the decade of the 1990s, family support and parent education will be high on the national agenda.

During the 1980s, state governments took the lead in financing family support programs. Most of these state initiatives started as demonstration projects, usually at the instigation of key program advocates and supporters in the legislative and executive branches, and expanded as they demonstrated success and gained political support. These initiatives have developed out of different state agencies, including public health, welfare, and education. In Illinois, a private-public partnership has been established, The Ounce of Prevention Fund, which receives money from private charitable organizations and several state departments. This Fund distributes money to various local programs throughout the state (Bruner & Carter 1991).

State-sponsored family support programs are unique to each state, with a range of program designs, goals, and implementation strategies. The following brief descriptions of several programs, taken from reviews by Bruner and Carter (1991) and Weiss (1990), are meant to show the range of program designs and of program linkages to government.

- Hawaii's Healthy Start program, operated within the public health department, began in 1974 as a federal demonstration of a child abuse prevention initiative. It provides home visiting services by paraprofessionals to families of newborns, who are determined by hospital staff to be under stress with possible risk of maltreatment to their infants. Home visitors make weekly calls to participants and are on-call for emergencies. Evaluation is ongoing but appears to indicate that the program can identify families "at risk" and prevent child abuse and neglect from occurring in those families. Its current budget is $3,500,000.

- Maryland's Family Support Centers are designed to address the state's high rate of teenage pregnancy. Maryland's Department of Human Resources worked with private foundations and community groups to develop resource centers in the communities where the teenage parents live. These centers offer educational, vocational, health, and social services at the same time that they help teenagers develop better parenting skills. Initial evaluation suggests that clients were more likely to avoid subsequent pregnancies and stay in school than nonparticipants.

- Minnesota's Early Childhood Family Education Program began in 1974 with six pilot programs. It is now on a state/local funding arrangement similar to that of the public schools. Administered through the department of education, the program is now so popular that all but two of Minnesota's school districts have a program. Although the programs vary somewhat, in general they offer parent education and family support in weekly sessions over a twelve week period to families with preschoolers. Participation is voluntary and fees are based on a sliding scale. Evaluation has shown that the program helps parents learn child development and child management techniques, and also helps them prepare their children for school.

- Missouri's Parents as Teachers Program was first established in 1981 in four school districts and is now mandatory in all school districts in the state. Funding for the program stood at $11.4 million in 1988, and served 30% of those eligible. The program works with parents during pregnancy and after the birth of the child through home visiting and center-based services. Through both approaches, the program tries to help parents maintain a developmentally enriching home environment so that children will be prepared to enter school. The program also includes developmental screening for children. A recent evaluation shows that the program is meeting its goals and benefiting families.

- Illinois's Ounce of Prevention Fund finances and monitors over forty community based agencies throughout the state. In addition to the Department of Child and Family Services, other state agencies, including Public Health, Public Aid, Alcohol and Substance Abuse, and the State Board of Education, also provide financial support for the Fund. Its budget had grown to $12 million by 1991, with $7 million in state funds and the remainder from private sources and the federal government. The community programs supported by the Fund vary somewhat, though all offer basic parent education and family support approaches. One Ounce-supported program, the Beethoven Project, was described in detail earlier in the monograph.

The increasing role of government represents a new stage in the development of neighborhood-based family support programs. From their beginnings as grass roots, local efforts, supported as demonstrations by private foundations, many programs can expect funding increases and more stability in funding as they become linked to government. The linkage of family support programs with government, while it holds the promise of stable funding over time, also creates the risk that the programs, in order to qualify for funds, will have to compromise their approach and lose those aspects that make them effective. Lisbeth Schorr, in an article titled "Successful Programs and the Bureaucratic Dilemma: Current Deliberations" (1991), identified the points of possible conflict between the attributes of effective services and the ways of large service bureaucracies (8):

- Comprehensiveness is at odds with categorical funding.
- Flexibility and front-line worker discretion are at odds with the traditional training of professionals and managers and with conventional approaches to assuring accountability.
- Intensiveness and individualization are at odds with pressures to assure equity despite insufficient funds.
- A long-term preventive orientation is at odds with pressures for immediate payoffs.
- A program's ability to evolve over time is at odds with the pervasiveness of short-term and often unpredictable funding.

Lisbeth Schorr points out that there are no easy answers to the dilemma of how to provide institutional support for these programs without endangering the attributes that make them effective. However, she recommends several strategies for government linkage with neighborhood-based family support programs in order to implement them more widely. These strategies include financing and training and technical assistance.

Creative financing options are being tried in various states, such as Illinois's Ounce of Prevention Fund involving private and public funding sources. Other possibilities include decategorization of certain categorical funds and automatic waivers. These mechanisms could be targeted to geographic areas which are at risk. Eligibility for services would be linked to residency in the area, not to identified individual failure or need. The neighborhood focus, channeling money from various governmental agencies to a small geographical area, would, Schorr argues, make possible the establishment of a "critical mass" of services which would be sufficient to make a difference at a relatively low cost. She points out that "whole communities may be so depleted that a critical mass of new sources of opportunity and support are required if ordinary youngsters are to succeed in climbing out of poverty and despair" (11).

The linkage of family support programs with government, while it holds the promise of stable funding over time, also creates the risk that the programs, in order to qualify for funds, will have to compromise their approach and lose those aspects that make them effective.

Front line workers in neighborhood-based family support programs require special skills, as pointed out in an earlier section of the monograph. Government could have a useful role in creating and providing training opportunities for staff. Staff need to be able to work collaboratively across systems, to function autonomously and exercise discretion, to have good relationship skills, and to address problems comprehensively, and they need to have background knowledge in the social sciences and human development. Government could sponsor workshops, offer scholarships to staff returning to school, and provide "circuit rider" supervisors to train and support staff.

Governments could also provide technical assistance to programs at various stages of development. Communities in

the early planning stages need expert consultation on how to develop a support program, including ways in which to achieve the sense of "ownership" of the program among participants and neighborhood residents. Programs already operating need ongoing technical assistance on a variety of personnel and managerial issues. Schorr suggests the possibility of regional centers and state-based intermediaries to provide technical assistance to local governments and community groups to help the develop effective services.

However, the attributes of effective services may be at odds with the ways of governmental bureaucracies, so it is important to plan the involvement of government so it helps the programs and doesn't destroy the characteristics that make them effective.

In summary, government involvement in neighborhood-based family support programs will increase in the 1990s. Many states are already funneling resources to local programs, and the federal government is increasing its commitment to preventive programs to support families. These are promising developments, since they offer the promise of sustainable funding and wider implementation than would be possible otherwise. However, the attributes of effective services may be at odds with the ways of governmental bureaucracies, so it is important to plan the involvement of government so it helps the programs and does not destroy the characteristics that make them effective. Suggested ways for governments to be involved include innovative funding patterns to channel funds from a variety of sources to the neighborhood level, and support for training and technical assistance.

D. Issues in Evaluating Neighborhood-Based Family Support Programs: A Perspective for Program Staff

Problems in Evaluating Neighborhood-Based Family Support Programs

In the current time of resource scarcity, social service programs more than ever are being held accountable to justify what they do. It is no longer enough to demonstrate good intentions and hard efforts, nor even to have a clear therapeutic, rehabilitative, or preventive focus and well managed, efficient, humane programs. Nowadays, in order to be considered an effective, worthwhile program, those concerned must try to demonstrate that program participants have in some way changed for the better, and, even more, that the costs are outweighed by the benefits.

These expectations, which have to be met if programs are to compete for ever scarcer program dollars, are very difficult for neighborhood-based family resource programs to satisfy. There are a number of reasons for this difficulty, some having to do with the nature and current state of development of research and evaluation, and others having to do with the special nature of neighborhood-based family resource programs. Fundamentally, it is a problem of matching-- current evaluation approaches are in some ways not well suited to the needs of neighborhood-based family support programs. Program staff may feel that the evaluation is not capturing much of the good work that they do. Evaluators, for their part, may feel that the program's goals are too vague, and the actual service varies too much from person to person, for them to find a way to identify and measure what the program is doing. Some specific areas in which difficulties may arise are finding instruments to measure program effects, adapting a research design to the special circumstances and populations associated with neighborhood-based family support program, managing the collaboration between evaluators and program staff in a way that is empowering for all concerned.

In the current time of resource scarcity, social service programs more than ever are being held accountable to justify what they do.

Instrumentation

Neighborhood-based family support programs often are trying to improve the quality of life for families in rather general ways. Helping families feel more positive about being together, making the home environment more conducive to meeting children's and adult's developmental needs, "empowering" families so that they can deal with schools and other large organizations more purposefully, making the neighborhood more cohesive and more pleasant for families, are some of the goals our programs may have in their work with families. Yet the questionnaires and other instruments that we have available often cannot capture the changes that we see in the families (Reis, Bennett, Orme & Herz, 1989; Ruch-Ross, 1992; Powell, 1993). We may notice that a mother is more gentle and attentive to her fussing child than she used to be, or that a parent approaches school conferences or medical appointments with more assurance and confidence that she will be able to work in partnership with the professionals on behalf of her child, or that she is beginning to reflect on some of the painful experiences she had as a child and how she can do things differently with her own children. Yet it is unlikely that these small but important beginning steps to more enriching family relationships will be picked up by the evaluation instruments we have available to us.

Design Issues

One of the best ways to tell whether a program is making a difference is to have a comparison group of families who are like the families in the program except that they are not receiving services. Assuming that you have good measurement instruments, it should be possible to tell program effects by comparing scores of the program group with those of the comparison group. But comparison groups are hard to come by for neighborhood-based family support programs. Programs don't like to turn away people who need and want the service, so randomly assigning people who want to participate to a comparison group may violate the norms of the program (Reis et al., 1989). Waiting lists can sometimes be used for comparison, but are not always available. Using other community people who appear to be like the participants but are not in the program is a solution that is often tried but has pitfalls For one thing, it is often not possible to find a large number of families who have received none of the services being offered in the neighborhood-based family support program To the extent that people in the comparison group have received services similar to the one being evaluated, it will be harder to show program effects. Another kind of problem arises if a comparison group is chosen of families who have not availed themselves of services to which they had access. They may differ in important ways but unknown ways from families who chose to participate. (Cook and Campbell, 1979; Levy, 1984).

Who has power in the evaluation, and how is it distributed between the program staff and the evaluators?

With or without comparison groups, evaluations may use a pre-test post-test design. With this design, evaluators collect information on families at the beginning of the program and then again at the end to see if participants changed over the course of the program. One problem that can arise here is that many participants do not want to submit to questions about their background, aspects of family life, and parenting skill level before they begin participating, and staff may feel that starting out the program by trying to identify "deficits" in the participants works against the program goal of helping families build on their strengths.

An overriding issue is that participation in neighborhood-based family support programs is often quite fluid. People define their own level of participation. Some people are regular and enthusiastic participants; others may participate only occasionally. If there are a variety of programs for different family members, the possible patterns of family participation are increased. Some people may not consider themselves participants of any formal program, choosing to drop-in irregularly. Most programs do not have the resources to keep close track of every contact with every family member and collate the attendance records of family members attending different programs. It may be hard to see the effects the program makes if some of the people who are included in the evaluation have not participated very much (Unger).

Political Considerations

A final consideration is that of distribution of power. Who has power in the evaluation, and how is it distributed between the program staff and the evaluators? Do program staff have a meaningful role in designing the evaluation and in deciding how the evaluation is to be carried out? What about the participants? Or are participants and staff relegated to the powerless role of "sources of data?" Does the process of the evaluation fit with the goals of the program in that it respects people involved and is in some way empowering for them? Is it providing information that program staff want and can use to make decisions about the direction of their program? An underly-

ing but often unacknowledged problem can be the resentment staff naturally feel if an underlying dynamic of the evaluation is that the evaluators somehow know more than the staff and are "grading" their work. Considerations of relative power are particularly relevant if the purpose of the evaluation is to give program staff information to help them plan changes in the way the program is operating.

There are no easy answers to these dilemmas and barriers to evaluation of neighborhood-based family support programs. But it is possible to get guidance from other programs who have had some success in resolving these difficulties. Evaluations of four innovative programs will be described: Avance, the Maternal-Infant Health Outreach Project, the Beethoven Project and the Center for Family Life.

AVANCE

This program, described earlier in the monograph, has been operating for about twenty years. It underwent various small-scale evaluations over the years during which time the program evolved into its current highly-structured, clearly defined form. It did not receive a comprehensive outcome evaluation until this program evolution had occurred. In 1989, with ample funding from The Carnegie Foundation, the program contracted with outside evaluators to ascertain and document the extent to which the program was helping families to change. Evaluation took place at two different sites, with two different cohorts, those starting the program in 1987 and those starting in 1988. A comparison group was recruited for each group of program parents, who came from the same community but were not participating in the program. A comprehensive series of pretest and post-test measures were administered to both the program and control groups, in order to determine if changes occurred to program parents that could be attributed to participation.

The evaluation showed that the program helped mothers substantially in providing an educationally stimulating environment for their children at home. The program also had strong effects on child rearing attitudes and knowledge, and on knowledge about community resources. To a lesser extent, participants also showed improvement in strengthening their social support networks and an enhanced attitude toward themselves. No program effects were observed for the children, who did about as well ad the children in the control group. These results are generally very encouraging about the effects of a very structured, intensive, nine-month intervention on families. It is important to note that the outcome evaluation took place only after the program had a long time to learn from experience how to structure a program for the target families. Also, this program is highly structured, with regular attendance in a highly organized program. With a well-designed fully-developed program model, Avance was ready to benefit from a rigorous evaluation of program outcomes (put in reference to AVANCE evaluation report and maybe a program description reference as well).

It is important to note that the outcome evaluation took place only after the program had a long time to learn from experience how to structure a program for the target families.

Maternal Infant Health Outreach Worker Project (MIHOW)

MIHOW is a home-visiting program in rural Appalachia which has the goals of encouraging mothers to get prenatal care and regular health care for their young children, and of helping them learn to be competent parents of their infants. The participants included African American and white women who were pregnant at the time they entered the project and were considered at risk of having children with developmental

problems. The women were mainly poor, without a high school education, and over half were without a spouse or male partner. The program has well-defined goals concerning medical care, infant care, and infant development. During the period of the evaluation, the program operated at six sites and served about 600 women. An important feature of the program was that it capitalized on the system of friendly neighborly visiting and natural helpers that was an important way in which families received social support and socialization in their rural, isolated, homes. Women were selected and trained in the community to do the home-visiting and help the pregnant mothers. Training these "natural helpers" was an important part of the project.

"Identifying closely with the families who participate, workers preferred this open-ended, participatory style of evaluation to prior evaluations which had relied heavily on statistical methodology."

This program conducted two very different kinds of comprehensive evaluations. The first was a traditional outcome evaluation, consisting of comparison groups matched to the program mothers in demographic characteristics and also involving an extensive battery of instruments measuring the mothers' knowledge and attitudes about child care and assessing the home as sound developmental environment for the child. As the program director says, this evaluation looked at changes in the families from the outside to the inside. The evaluation found that the program did not affect prenatal health care or birthweight of newborns, but did have a powerful effect on helping mothers create a nurturing, developmentally appropriate home for their infants and toddlers. Children in the program scored higher on developmental test after two years of participation than did children in the control group.

Outcome evaluations, though highly desirable, are difficult to do in this setting because the outcomes are so global - improving community life, empowering residents and giving them opportunities to develop their potential in many areas of life, helping families communicate better and enjoy being together as a family.

The program was interested also in learning how the program looked from the inside, from the perspective of the participants and the staff, most of whom were women recruited from the communities that the project served. To understand whether the project could be understood in terms of "empowerment", an evaluation was designed with full participation of the program staff and participants. Focus groups and individual interviews were conducted to formulate study questions and to collect data. The transcripts of all these sessions were compiled into a rough draft, which was extensively reviewed by the program staff of professionals and paraprofessionals. Based on this critique, a final evaluation was written. The process took eighteen months. Staff felt that the process was respectful of families and of themselves. "Identifying closely with the families who participate, workers preferred this open-ended, participatory style of evaluation to prior evaluations which had relied heavily on statistical methodology" (Clinton 1991). Staff learned, from watching videotapes of staff and participants from another area, that families whom they had never met shared many common problems and life experiences with themselves. "Through this participatory process, the report documents that issues of surviving poverty, the search for work, isolation, loneliness, and love of children pervades these women's lives and the lives of the staff" (Clinton 1991). Also, this evaluation gives valuable information on how the staff worked successfully with families.

The Beethoven Project

This neighborhood-based family support program, described earlier in the monograph, is located in the Robert Taylor Homes of Chicago, serving families living in six high-rise buildings.

This program has faced special issues in evaluation. People come and go in the program, just as they do in the housing project of which it is a part. Also, parents define the level of participation - some avail themselves of only one service, some of more, and the extent to which they use

any given service also varies. For these reasons, it is not possible to establish a specific group who all receive about the same level of service, who could be compared with a group who receive no services. Another problem for evaluation is that the program is changing and evolving as the staff learn more about how to serve these families and work successfully in this community. The "program model" is still somewhat fluid. In this situation, the program believes that an outcome evaluation would be premature. Instead, the program is now undergoing a "Retrospective Analysis, which will begin the process of determining the impact the program has had on participants and will identify important trends about how participants have used services and how program interventions have helped effect positive change for parents an children. Data for this retrospective analysis come from interviews with parents and staff, and available program data such as health records, attendance information, and demographic data.

The Center for Family Life

This Center is located in one of the poorest neighborhoods of New York City, Sunset Park, where it has been operating for about 15 years. It was described earlier in the monograph.

The program has had various evaluations and is interested in pursuing evaluation. There are a number of difficulties in evaluating this program. Families define their level of participation in the myriad programs available for all family members, and keeping track of which family members are using which services over time would be a major commitment of resources. Staff do not have the time for this kind of painstaking record keeping. Outcome evaluations, though highly desirable, are difficult to do in this setting because the outcomes are so global - improving community life, empowering residents and giving them opportunities to develop their potential in many areas of life, helping families communicate better and enjoy being together as a family.

Current evaluation activities include:

- Various quality assurance reviews for funders - state child welfare etc.
- An annual client satisfaction survey mailed to every family who has closed their casework involvement with the agency over the past year.
- A study conducted with outside funding of the impact of job training and employment on the children and on family life.
- A researcher is studying how the Center is perceived by the larger community of Sunset Park.
- The Center may become one of those chosen by a national foundation to participate in a national evaluation of family support programs. Part of this effort will be to identify outcome measures that the Center considers adequate to reflect both the program impact and client experiences in the program.

Program staff should be involved at every stage of the planning process.

Implications for Evaluation

Lessons learned from these four and other neighborhood-based family support programs which have invested heavily in evaluation include the following:

1. **The level of the evaluation should match the stage of the program.** Jacobs (1988) suggested five stages of evaluation, the first involving preimplementation and only the last stage, when the program was well established, to do outcome. We are learning that it takes a long time for programs to become established, especially in high-risk neighborhoods and with high-risk populations. This process probably takes about three years at least one and sometimes

as many as ten. During the time that the program is developing, various types of formative (immediate feedback to help the program grow and change) and process (description and analysis of the process of implementation) evaluations are appropriate.

2. Measurement and design are better developed to evaluate programs whose goals is Prevention than programs whose goal is Empowerment. It is somewhat easier to measure the extent to which a program reduces certain developmental delays that impede school readiness, or low birth weights, etc. than it is to measure how a program affected the individual's, family's, or community's quality of life. The more diffuse the goals, the harder it is to capture program effects with current evaluation methodology. Empowerment programs may want to use measures of something they are trying to prevent, as long as they and their stakeholders understand that the evaluation doesn't capture everything that the program did.

3. There is growing interest in and respect for questions concerning how the program works. Neighborhood-based family support programs are often working with populations in which little research has been done, and in neighborhoods which also have had little research. Programs that may work with one segment of the population may not work with others. We need to know more about what kinds of programs work with what kinds of families. Other questions about which little is known have to do with what kinds of qualities are desirable in staff, and how to train and supervise staff. Differences between professional and paraprofessional staff are also not well understood.

4. The role of program staff and participants in the research process needs to be clarified. Program staff should be involved at every stage of the planning process. The areas to be measured should be congruent with the program staff's understanding of what the program is trying to do. Data collection should be respectful of staff and participants. Interpretation of data should probably in the early stages of a program should be left to program staff entirely, with evaluators simply presenting information to the staff. For more elaborate evaluations, staff should be included in the interpretations made, because they have more knowledge of what the program was experiencing. Involving the staff and families in the evaluation process parallels the efforts of the programs to empower families and to place those who have had limited power into more powerful roles.

Neighborhood-based family support programs have demonstrated benefits for neighborhoods and families, and have the potential to interact with large, complex service systems to make them more responsive to families.

E. Conclusions: Future Directions

As the preceding pages have shown, neighborhood-based family support programs are a dynamic, evolving area of family service programs. Although they are relatively new, they have established that they can be effective in ameliorating conditions in neighborhoods and in strengthening families. This concluding section of the monograph summarizes the evidence of benefits provided by support programs, identifies some of the resources and other supports they need from the systems around them in order to be effective, and suggests ways in which neighborhood-based family support programs can link effectively with other systems.

Benefits to Neighborhoods

Neighborhood-based family support programs have demonstrated benefits for neighborhoods and families, and have the potential to interact with large, complex service systems to make them more responsive to families.

- Support programs are an important part of an overall strategy to arrest the deterioration of declining, inner city neighborhoods, as the Center for Family Life has demonstrated in Brooklyn, New York.

- They can also act as a beachhead for the return of community life and neighborliness in devastated neighborhoods, as seen by the Beethoven Project in a Chicago housing project.

- They can become a point of conversion for the forces for positive growth in a community, strengthening the natural forces at work by identifying and nurturing indigenous leadership.
- They can collaborate with other local institutions, such as schools, community police, and religious institutions, to undertake neighborhood improvements.

- They can be a link between the neighborhood with the larger community. They provide a setting for outside services, such as health care, early childhood programs, and employment services, to deliver their services locally.

- Through attracting funding from government and foundations, they can bring needed resources to the local community. Avance, for example, has been very successful in attracting funding to build a series of programs in disadvantaged Latino communities. They can provide what Lisbeth Schorr (1991) calls a "critical mass" of resources that are needed to reverse deterioration in a neighborhood.

In short, neighborhood-based family support programs have demonstrated that they are an essential component of comprehensive initiatives to restore the economic and social viability of deteriorating communities. The are not a panacea, but are an essential building block to rebuilding deteriorating cities. They can not do it in isolation from other organizations, but are an essential component of a comprehensive plan.

Benefits to Families and Children

Neighborhood-based family support programs have also demonstrated their effectiveness in strengthening families and preventing child maltreatment, school failure, and other family problems.

Neighborhood-based family support programs can increase the effectiveness of government in delivering social services to families.

- Participants learn to become more effective parents through improving their child management skills, increasing their knowledge of child development, and expanding their understanding of the role of parents in their children's development.

- Parents also can increase their own self-esteem, learn needed social skills, and have the opportunity to take the first steps toward economic self-sufficiency in the supportive environment of their neighborhood center.

- Families can learn how to communicate with one another more effectively and how to meet the developmental needs of all family members. They can learn how to avoid child maltreatment and help their older children avoid drugs and school failure.

- Family participation in the program can help children make developmental gains socially, cognitively, physically, and emotionally so that they are better prepared to be successful in school. Older children can find in the programs a place to get help with school work, adult mentors, and recreational activities which help the

develop skills and learn more about themselves and their world.

- Families can build social networks within their own neighborhoods which offer friendship, social support, advice, information on resources, and concrete assistance in times of need.

With the great potential benefits of neighborhood-based family support programs to neighborhoods, families, and government, these programs also need supports from outside systems in order to function well.

Benefits to Government

Neighborhood-based family support programs can increase the effectiveness of government in delivering social services to families.

- The perception of government as unresponsive, overly bureaucratic, expensive, unconcerned about the lives of individual citizens, and ineffective can be changed as governmental institutions find ways to collaborate at the neighborhood level. Government needs to be seen as a sponsor and supporter, not an enemy, of innovation.

- These programs have promise of delivering human services more effectively and more cost-effectively than current categorical services delivered through inflexible bureaucracies. State-supported programs in Missouri, Hawaii, Maryland and other states indicate that they are beginning to realize the potential of neighborhood-based organizations for providing services effectively.

- To the extent that neighborhood-based family support programs prevent more serious problems developing in families later on, they offer savings to remedial government social service programs in health, education, welfare, and child welfare.

- Neighborhood-based family support programs allow innovative ideas to be field tested at relatively low cost. Funds to support them can be considered as a pool of "risk capital" in which the old rules don't apply, and the expectation is that some of ventures funded will be successful, thus making up for possible failure of other ventures. This "portfolio approach" allows governmental bodies to field test an array of innovative service models, with the assurance that the costs of failure in any one program will not be prohibitive. Innovative funding arrangements involving public/private partnerships are being developed in some states to encourage this innovation. The Ounce of Prevention Fund in Illinois is an example of this partnership. As an independent entity, the Ounce is not bound by procedural rules and regulations which may hamper government in authorizing funding for innovative programs.

Requirements for Services

With the great potential benefits of neighborhood-based family support programs to neighborhoods, families, and government, these programs also need supports from outside systems in order to function well.

- They have a great need for sustainable funding once they have demonstrated effectiveness. In the current state of affairs, there is no guarantee that just because a program is successful, it will survive. Many highly effective programs have expired, unable to make the transition from start-up funding for an innovation to sustainable funding for ongoing operations.

- The programs also need adequate time to get off the ground before they are held accountable for outcomes. It

is the nature of these programs that successful models cannot be transported to new settings and implemented as they are. They take time to become established in their communities and they invariably need to go through a period of modification and trial and error to arrive at a modus operandi that works in the local setting. Although it is reasonable to hold programs accountable for outcomes, they must first be allowed a period of time, at least a year and perhaps as many as ten, to become established. During the start up period, process evaluations can offer useful feedback on program operations.

- Neighborhood-based family support programs cannot exist in isolation from other community and governmental forces. They need linkages horizontally to other organizations and services at the local level, to universities and other local organizations with supports and resources, and to other neighborhood-based family support programs. Cross-fertilization among these entities increases experimentation and disseminates expertise and lessons learned. The programs also need vertical linkages to city, county, and state government for funding and to channel services to families in their neighborhoods.

Questions for the Future

Although much has been learned about the effectiveness of neighborhood-based family support programs, there remain areas where more knowledge is needed. For example, we know that it is important that programs be "owned" by the community, that neighborhood residents feel an investment in the success of the program and that they are influential and valued participants. We need to know more about how that process of ownership comes about, taking into account that the process may vary according to the community.

We don't yet know how to pull all of the pieces of the puzzle together. We know that no single intervention is sufficient to restore deteriorating neighborhoods, and that we need multi-level, strategically linked initiatives. We also know that neighborhood-based family support programs are an essential component of a comprehensive strategy. We don't know, however, what all the essential pieces are and how to mobilize them.

After a decade of neglect, we are at the beginning of a period of re-commitment to addressing the great social and economic problems of large cities. Neighborhood-based family support programs have a place in initiatives to reinvest in cities. Policy makers, administrators, scholars, and members of local communities have an opportunity now to come together and apply the knowledge we have to initiatives to revitalize our cities. This should be a period of experimentation and innovation, and an opportunity for increasing our understanding about how to serve families effectively and maintain economically and socially viable neighborhoods.

This should be a period of experimentation and innovation, and an opportunity for increasing our understanding about how to serve families effectively and maintain economically and socially viable neighborhoods.

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